



PROJECT CONCERN INTERNATIONAL

NGO CAPACITY BUILDING INITIATIVE:

“To Mitigate the Spread and Impact of HIV/AIDS”

MID-TERM EVALUATION

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CFO	Chief Financial Officer
CS	Calcutta Samaritans (India)
CSW	Commercial Sex Worker
DHMT	District Health Management Team
DIP	Detailed Implementation Plan
DMSC	Durbar Mahila Samanwaya Committee – Committee for Co-ordination of Women
DOTS	Directly Observed Therapy, Short course
DTF	District Task Forces
EU	European Union
FCRA	Foreign Contribution Regulatory Act (India)
FO	Field Office
FOH	Fountain of Hope (Zambia)
HBC	Home Based Care
HIV	Human Immuno-Deficiency Virus
HQ	Headquarters
IEC	Information, Education, Communication
ICASA	International Conference of AIDS and STDs in Africa
LARC	Link Association for Relief of Children (Zambia)
MG	Matching Grants
MIS	Management Information System
MPH	Masters in Public Health
Mumbai	Bombay
NACO	National Aids Control Organization (India)
M & E	Monitoring and Evaluation
NCD	Ndola Catholic Diocese (Zambia)
NGO	Non-Governmental Organizational
OCA	Organizational Capacity Assessment
OCAT	Organizational Capacity Assessment Tool
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PCI/I	Project Concern International India
PCI/Z	Project Concern International Zambia
PODD	Program Operations & Development Department
PST	Program Support Team
PVC	Office of Private and Volunteer Cooperation (USAID)
PVO	Private Volunteer Organization
QR	Quarterly Report
RC	Resource Center

RDD	Resource Development Department
SOTA	State of the Art
STD	Sexually Transmitted Diseases
TA	Technical Assistance
TOT	Training of Trainers
USAID	United States Agency for International Development
WFP	World Food Program

EXECUTIVE SUMMARY

A. BACKGROUND

The purpose of the United States Agency for International Development, Bureau of Humanitarian Response, Office of Private and Voluntary Cooperation (USAID/BHR/ PVC) Matching Grant program is to increase the capacity of non-governmental (NGO) partners to implement sustainable HIV/AIDS programs; and to expand the scope and improve the quality of Project Concern International (PCI) programs in the areas of HIV/AIDS and NGO capacity building.

The Matching Grant (MG) was awarded in April 1997. In August 1997, PVC conducted an assessment to help them and PCI know what issues existed at the start of the grant. The assessment looked at PCI programs in Indonesia, Guatemala, Bolivia, and Mexico and at PCI Headquarters. This Matching Grant project began in September and the Detailed Implementation Plan (DIP) was submitted in March 1998. The award was for \$2,245,490 over three years and was divided among three countries and headquarters: India receiving \$930,306, Indonesia \$754,628, Zambia \$88,023 and HQ \$472,533. The MG was the first major grant awarded to PCI/India.

The evaluation process began at headquarters (HQ) with a Team Planning Meeting, October 4-6, attended by Peggy Meites from PVC, Paul Thompson, PCI's CEO, and headquarters staff working with the MG. The meeting was the first time PVC staff had come to PCI Headquarters and it provided an opportunity for the two organizations to build a much stronger base for communication. The evaluation team spent 3 weeks in October and November in the field going to both Zambia and India and returned to headquarters for another week of evaluation work. The Mid-Term Evaluation (MTE) team received briefings from the project teams and reviewed project documents and records both at headquarters and in the field. Site visits were made to two NGOs in each country and to the NGO's field activities. The MTE Team was comprised of Sue Leonard, Consultant and Karen Romano, PCI Program Officer.

B. FINDINGS

The overall impression is that PCI is a dynamic organization having recently made fundamental institutional changes essential to achieving the objectives of this grant and is now moving forward toward their accomplishment. The positive changes at HQ are continuing and accelerating. The major effects of those changes are just beginning to be felt in the field offices. Within the past few months, PCI has made the institutional changes necessary to correct difficulties in relating to the field and is beginning to address the issues at hand in concrete ways.

Significant changes in the upper management of PCI have occurred within the past 10 months. The Executive Director of 6 years, Dan Shaughnessy, left PCI in February 1999 after accomplishing critically needed improvements in PCI's financial situation. Paul Thompson was hired as the new CEO in July 1999 to carry the organization forward and strengthen the focus on

programming. David Prettyman covered as Interim Director and continued as Director of PODD until Paul arrived in San Diego in August. In October, a new Chief Financial Officer (CFO) position was created, and it is now filled; the new person will take up her responsibilities in February 2000.

In addition to making top-level personnel changes, significant changes are also happening structurally within the organization.

- 1) In July of 1998, PCI took the first major step of many steps toward reorganizing the Program Operations & Development Department (PODD) in response to multiple issues arising out of fielding and financing programs.
- 2) The Board of Directors recognized the need for an organization wide position to focus on Monitoring and Evaluation (M&E), that position was created and filled in September 1999.
- 3) Fundamental changes in the Resource Development Department (RDD) began about 18 months ago and they are now working with the reorganized PODD to develop coordinated approaches to programming and fundraising.
- 4) It is expected that the new CFO will prompt similar changes within the Finance Department and between Finance and the rest of the organization.

This mid-term evaluation comes at a time when PCI is looking closely at what they have done right and what needs improvement. They have prepared the foundation for making real changes in how they field programs and are beginning to make the necessary alterations in procedures and systems.

One of the contributing factors for many of these changes came from the expectations of the MG and the realization by program staff that progress toward the grant outcomes was too slow. At this point it looks as if the final year of this grant will see the institutionalization of program approaches and policies that are growing out of a deep organizational change.

PCI has moved from being an organization that delivered capacity building in a very ad hoc fashion to one that is working toward institutionalizing a systematic approach. Capacity building approaches are evolving in the field and being institutionalized there. PCI sees the next step as bringing those techniques to headquarters and working with field staff to create an institution-wide approach.

PCI has been working in Zambia since 1996 focusing on HIV/AIDS programming and working with local groups. A new Country Director joined the Zambia team in September 1999. They were involved in extensive HIV/AIDS programming at the time the MG was awarded. The MG allowed PCI to implement more focused capacity building interventions with key organizations involved in the existing programming, originally working solely with an organization coordinating a large Home Based Care program. Just a few months ago, they also began working with an NGO developing interventions with street children and orphans.

PCI/Zambia (PCI/Z) has used the MG as an opportunity to develop a capacity building intervention process they now use with all of their partner NGOs. They begin by identifying an NGO they see as an appropriate partner and do a baseline assessment with them. The assessment

is used as a basis to work with the NGO to develop a capacity building intervention strategy both PCI/Z and the NGO feel comfortable with. The interventions usually include technical assistance (TA,) mentoring and specific training appropriate for that organization. The intervention strategy is reassessed periodically by PCI/Z and the NGO and a repeat assessment done as needed. They see their future role as using this capacity building model in working with organizations with a potential for becoming mentoring institutions in key HIV/AIDS areas.

PCI began programming in India in September of 1997 with private foundation funding for local groups focusing on leprosy identification and control. The MG is their first major grant. PCI/India's (PCI/I) main focus is on capacity building with the MG partner NGOs and continued work with the leprosy programs. Through the MG, PCI/I is working with 12 NGOs in four areas of the country. The NGOs vary from a newly formed network of HIV+ people based in south India to a membership organization of commercial sex workers in Calcutta. The NGO grants range from \$10–13,000 per year and are just entering their second annual grant cycle.

PCI/I used TA and mentoring visits with the partner NGOs and conducted numerous workshops with multiple partner NGOs. An additional focus of PCI/I is assisting the NGOs to develop credible income generation and cost recovery programs to sustain their HIV interventions and the core organization.

PCI has been working in Indonesia since 1971 to address basic health care issues. Their programming varies from conducting a health and nutrition needs assessment of communities in East Java and Northern Jakarta and developing a three-year intervention program to doing NGO Capacity Building through an HIV/AIDS Prevention Project (HAPP). Through the MG PCI/Indonesia is working with three local NGOs. There has been a recent change in partners due to unsolvable problems with one partner.

The evaluation team did not go to Indonesia. We received a written report on the status of the Matching Grant, the specific indicators with expected and actual results and an explanatory narrative. We also had a phone conversation with the Country Director and the MG Program Officer after returning from the field. There is no attempt to give an in depth review of the program.

C. LESSONS LEARNED

Management Information Systems (MIS)

- The initial vision of a State of the Art (SOTA) computerized MIS system was very ambitious and not a realistic first step in an organization that did not have an adequate “paper” system for monitoring, evaluating and reporting (M,E &R) on program progress. A computerized MIS that rolls up information from 10 countries with varying field programs demands that a sophisticated M, E & R system already be in place. Developing a basic system is the first step and a computerized system will follow.

ZAMBIA

- Being offered very little grant money meant the NGOs focused on capacity building as the main benefit of the program and not on the grant funds.
- It is difficult to partner with non-American organizations and merge the accounting requirements of USAID and the foreign entity. If such a partnership is desired, it is essential that the written agreement be absolutely clear to all parties, keeping in mind cross-cultural issues, so there is no room for confusion.
- When capacity building assistance is given to a coalition of organizations, members of the coalition probably will not be able to take that learning and apply it directly to their own organization. The initial exposure to institutional strengthening issues through the district coalition raised awareness and created a demand but did not enable organizations to directly use the information internally.

INDIA

- HIV/AIDS in India is in different stages in different parts of the country. It is not possible to replicate successful programs across States without major adaptation.
- As the demands from NGOs for more sophisticated capacity building are increasing, it is becoming apparent that each NGO needs strategically designed and frequent individual contact. The number of NGOs worked with during the last year of the grant will drop from 12 to between six and 8.
- It is important to remember that workshops with one or two representatives from many organizations are a good way to increase communication between the groups and to communicate information to individuals. Those workshops, however, have limited value in precipitating organizational change. To accomplish that, workshops like the recent Strategic Planning Workshop with a small number of organizations and larger representation from each one are much more effective.

D. MAJOR SUCCESSES/EFFECTIVENESS OF MODELS

1. A year and a half into the MG, PCI/Z has institutionalized a systematic process for implementing capacity building with local organizations. This may be a starting place for PCI as an institution to begin discussions that could lead to “PCI Guidelines for Capacity Building.”
2. PCI/I has the potential to develop a systematic approach for assisting NGOs in developing income generation projects (IGP) and cost recovery mechanisms. The grantees seen by the MTE team are committed to the philosophy of IGP and cost recovery and are changing organizational attitudes about it. That is quite an accomplishment. It would be helpful to document information such as: what the cost recovery/income generation was, the percent of the cost recovered, and when it began as well as how institutional attitudes were changed.
3. Each of the NGOs we saw is doing work that is worthy of being called a “Model” and is fertile ground for studies to document effective field level interventions and gather information for possible adaptation and replication.

NCD's Home Based Care Program is already being used as a guide for other NGOs and, hopefully, with PCI/Zambia's input this year will be able to be a mentoring organization in a more proactive sense for many others.

Fountain of Hope is also in the process of developing a model in Zambia. They are a much younger organization and are just developing the interventions that eventually could be replicated. They are, however, already beginning to develop activities in another population center for street kids.

DMSC may work with another NGO to adapt their model for organizing Calcutta's commercial sex workers (CSWs) to another, very different, city in India. They are aware that the forces influencing the sex trade in Mumbai are not the same; that the HIV prevalence rate for CSWs is more than 50%, 10 times greater than in Calcutta; and that what they are attempting to do is never easy. However, they are a major source of hope for addressing HIV/AIDS in the sex trade in India.

Calcutta Samaritans' Railway Platform Project sees things in a very different way by addressing the railroad platform as a community of marginalized people including CSWs, porters, rickshaw pullers venders and street children. They are developing interventions to meet the many and varied needs represented there including a mobile clinic, peer educators and street children education. This project, also, is fairly new and is still evolving.

E. MAJOR ISSUES AND RECOMMENDATIONS

1. During the first year of the grant, limited progress was made toward strengthening HQ's programmatic capacity. Considerable positive change has been happening since July of 1998. Change is continuing and accelerating under the new leadership.
 - *It is important to institutionalize the changes during the third year of the MG both at headquarters and in the field offices.*
2. The Resource Center (RC), created through this MG, is an excellent information base both for HQ and the field offices. The opportunity exists for it to become the core of a dynamic information system. If it is to move forward several issues need to be considered:
 - *PCI, as an institution, needs to decide what they want the RC to be and to make the necessary changes to allow that to happen.*
 - *PCI needs to have a way to continually access SOTA information, both paper and electronic, about capacity building and HIV/AIDS.*
 - *The RC could be a way to store that information and share it across a PCI network which would include HQ and all country offices*
 - *A staff person would be needed to track down leads, access information, follow up on requests and pass information on to the appropriate people.*
 - *If country offices want NGOs to be able to access the RC, it will be important to provide them with some ongoing TA around the use of the technology.*

- *Work needs to be done with individual field offices to resolve difficulties they are having with fully implementing the RC.*
3. The new Monitoring & Evaluation Officer is focusing on PCI as a whole. To deal more directly with the MG:
 - *The MG program officer has agreed to work with the field offices to develop a basic M&E system that, by the end of the grant, will be able to provide information to HQ and others. This system will feed into a computerized reporting process to be developed in the future.*
 - *When HQ staff go out to work with the field offices on the MIS, they also need to be sure the field offices know how to proceed in helping the NGOs begin to improve their MIS systems.*
 - *PCI will consider reinstating quarterly reports from field offices*
 - *PCI needs to work toward identifying lessons learned in the field and generalizing them throughout the organization.*
 4. PCI Capacity Building philosophy and guidelines are more elusive than anyone would like. The beginnings are in place and PODD has committed to the following next steps.
 - *Begin with the model developed by PCI/Z and facilitate a dialogue among field offices about what they see as PCI's core capacity building principles.*
 - *By the end of year three of the grant, PCI needs to have draft guidelines available for countries to work from and to use as they take this process forward.*
 5. The capacity of HQ to provide TA in HIV/AIDS is now much better than it was and the commitment was made to ensure that there always will be someone on staff with a high level of expertise working with HIV/AIDS grants. PCI has indicated their goal is not to become a premier organization in the HIV/AIDS field. They will always need to access State Of The Art information networks that will allow them to keep up with this epidemic.
 - *Both headquarters and each field office will need to develop resource networks both in the US and in individual countries as well as have access to electronic information.*
 - *PODD needs to develop ways for that information to be shared among all of the countries involved with the MG and with HQ.*
 6. There were minimal field visits by HQ staff so that TA, monitoring and the ability to identify lessons from the field was limited for both program and finance. Again, the changes in leadership and the development of PODD are helping to address this problem. Having the additional finance staff to deal with field issues and someone designated as an internal auditor should help on the finance side. Management is now encouraging more frequent field visits with electronic follow-up.
 - *A strong communication system needs to be developed between Program and Finance at HQ and at field levels.*
 - *RDD needs to be more strategically involved with field fundraising activities.*
 7. HQ focused considerable energy on developing an elaborate Resource Center as well as MIS and an Institutional Strengthening Assessment Tool. However, they did not collaborate with the field regarding their design from the start or on developing ways those systems could be

creatively operationalized. It is possible that the Sub Grant Agreement is a victim of the same problem.

- *When systems are developed that will involve field staff in the implementation, those staff need to be involved from the beginning in the system development.*
 - *It is important to think through the implications of operationalizing the system in addition to developing it and to work with field offices to do that as well.*
 - *If PCI wants the Sub Grant Agreement to be standard throughout the organization, HQ will need to work with the country offices to find out why they are reluctant to use the agreement and help solve those difficulties.*
8. PCI currently is receiving five grants with match requirements, each of those grants have different match definitions and conditions. This is causing some confusion especially in the field offices.
- *A match plan needs to be completed at the time of DIP development so both the field offices and RDD are clear about how much each is responsible for raising and any restrictions on the type of funds permitted in that particular match.*
 - *A headquarters staff person can be identified to track all progress toward the match for each grant.*
9. The tool that PCI is using to conduct their NGO Baseline Assessments has gone through several changes over the past few years. PCI field staff are open to upgrading their skills and PCI/Z is using some of the more interactive techniques already.
- *Introduce newest version of the OCA (Organizational Capacity Assessment) process to field and HQ staff*
 - *As appropriate, implement it in MG programs and generalize it to all PCI capacity building programs in the future*
10. Inter-Country Collaboration - Interesting innovations and adaptations are being created in country programs and local staff are struggling with many of the same issues: How to address founder based leadership, what does capacity building mean anyway, etc. These staff are the reservoir of information on lessons learned in the field. It is important to provide them with an opportunity to explore those lessons and share them with the organization as a whole.
- *Develop a way to share information and strategies between country programs. Bring local staff together and ask them to discuss overarching issues from their own perspectives.*
 - *Use the outcomes as a basis for something like “PCI Guidelines for Capacity Building” and other issues of value.*
 - *It perhaps would be possible to do electronic “discussion groups” on topics after staff had an initial session together. This would keep the discussion going and, perhaps, could draw others in.*
11. Financial Systems
- *Both field offices need to continue to assist NGOs to develop financial systems capable of capturing information on local donations, cost recovery mechanisms, income generating projects and community contributions.*

12. PCI/Zambia

- *It is essential that a basic monitoring, evaluation and reporting system be committed to paper. Use what is known already and the lessons learned in the Orphans and Vulnerable Children (OVC) program to quickly begin the process. Work with the program officer from HQ to further develop the system.*
- *Continue to clarify and document the capacity building strategy and share that process with PCI/HQ*

13. PCI/India

- *Reduce the number of NGOs to 6-8 for the final year of the grant and develop intervention strategies with each NGO based on their needs and implement the interventions. If 6-8 is too many to do this with, cut the number further.*
- *Carefully select the NGOs, focusing on those that are open to assistance with organizational issues and are developing new models or potentially are able to share their models with others.*
- *Ask NGOs to begin to identify capacity building objectives they want to accomplish in the next funding cycle.*

INTRODUCTION / OVERVIEW

A. BACKGROUND

1. Project Concern International

Project Concern International (PCI) was established as an organization in 1961 and currently is working in 10 countries in Latin America, Africa, Asia and Eastern Europe plus the United States. PCI focuses on developing long-term solutions to health care issues working through individuals, communities, NGOs and local, regional and national governments. They have grown dramatically over the past 6 years from having a three million dollar annual budget to one of 17 million annually.

2. Mid Term Evaluation Process

The evaluation process began at headquarters with a Team Planning Meeting, 4-6 October, attended by Peggy Meites from PVC, Paul Thompson, PCI's CEO, and headquarters staff working with the MG. The meeting was the first time PVC staff have come to PCI Headquarters and it provided an opportunity for the two organizations to build a much stronger base for communication. The evaluation team spent three weeks in the field going to both Zambia and India and returned to headquarters for another week of evaluation work, 8-12 November. The MTE team received briefings from the project teams and reviewed project documents and records both at headquarters and in the field. Site visits were made to two NGOs in each country and to the NGO's field activities.

3. Matching Grant

a. HISTORY

The Matching Grant (MG) was awarded in April 1997. In August 1997, PVC conducted an assessment to help them and PCI know what issues existed at the start of the grant. The assessment looked at PCI programs in Indonesia, Guatemala, Bolivia, and Mexico and at PCI Headquarters. This Matching Grant project began in September and the Detailed Implementation Plan (DIP) was submitted in March 1998. The award of \$2,245,490 over three years was divided among 3 countries and headquarters: India receiving \$930,306, Indonesia \$754,628, Zambia \$88,023 and HQ \$472,533.

b. PURPOSE

The purpose of the Matching Grant project is to increase the capacity of NGO partners to implement sustainable HIV/AIDS programs; and to expand the scope and improve the quality of PCI programs in the areas of HIV/AIDS and NGO capacity building.

c. INDICATORS

The Detailed Implementation Plan (DIP) for this grant was developed just after PVC introduced the concept of a Results Framework to its grantees. PCI, after PVC's introductory session, felt the framework would be helpful to them as they managed the grant and so developed the DIP using their understanding of the framework.

PVC was short staffed when the DIP was submitted in March of '98 and no response was made to PCI regarding their attempt to use the framework. A year later, PCI staff were advised that there were concerns about the quality of the indicators but the concerns were not clearly explained. By then it was 18 months into the grant and the field offices had been operating under the original indicators for half of the grant period. It was not until preparation began for this mid-term evaluation that some of the concerns became clearer, however, the consensus was that it was too late to alter the indicators for this grant period.

PCI used the Results Framework methodology in several of their other programs because the process enabled them to develop an improved method for structuring and monitoring programs and they are finding it extremely useful.

The mid-term evaluation provided an opportunity for PCI to reassess the indicators internally, begin to rework them for the follow-on proposal and, at least informally, upgrade them for the last year of the grant.

This report looks at the Lower Level Results and broadens their scope where the indicators are too narrow for the work that was done. The specific indicators with the expected and actual results for headquarters and each country program are included for reference in Annex #2.

4. 1997 Assessment

The 1997 Assessment raised several issues of overarching relevance to PCI institutionally, including the need for:

- An increased focus on monitoring and evaluating program objectives and impacts
- A new monitoring and evaluation staff position
- Systematic documentation of the methodology used and lessons learned in NGO capacity building
- A new organizational development staff position

PCI addressed these and the other issues in the DIP document, attempting to institutionalize solutions to the issues raised. M&E was seen as a major issue for PCI and received particular attention. A year into the DIP, the Program Operations and Development Department (PODD) realized creating a computerized management information system (MIS) was not realistic and would not meet the immediate needs of the organization. They recommended to leadership and to the board that a position be created organization-wide to address the larger issues of monitoring and evaluation. The board approved funding for the position at 50% from matching grant and 50% from non-matching grant funds ensuring that the position would be integrated into

the organization. The priority task for this new position is “strengthening of PCI’s M&E skills and processes in both the field and at HQ (headquarters).” (See Annexes)

The other major issue was systematic documentation of PCI’s capacity building methodology and the lessons learned. Progress has been made on clarifying the methodologies, as will be seen in this report. As an organization, PCI is committed to developing documentation that would serve as “PCI Guidelines for Capacity Building.” Adding an additional staff position, if it is to be institutionalized into the organization, is always a complicated issue and one that demands broad institutional commitment as well as funds. The institutional commitment is now there and management has approved the OD position. PCI is in the process of identifying interim coverage until full funding resources are available.

Other recommendations were more focused on capacity building work with NGOs: strengthening program, finance and administrative inputs, funding diversification and income generation/cost recovery. These issues were addressed directly in the DIP and are discussed in the body of this report.

Further recommendations were specific to the countries and the programs in place at the time of the assessment. Many of the organizations assessed are not part of the MG. Where those recommendations relate to this MG, they are addressed in the body of the report.

B. HEADQUARTERS

1. Upper Management Changes Within the Past Ten Months

There have been significant changes in the upper management of PCI within the past 10 months. The Executive Director of 6 years, Dan Shaughnessy, left PCI in February 1999 after accomplishing critically needed improvements in PCI’s financial situation. Paul Thompson was hired as the new CEO in July to carry the organization forward and strengthen the focus on programming. David Prettyman covered as Interim Director and continued as Director of PODD until Paul arrived in San Diego in August. In October, a new Chief Financial Officer (CFO) position was created, and it is now filled; the new person will take up her responsibilities in February 2000.

2. Current Situation

PCI as an organization is engaged in fundamental change. In addition to making top level personnel changes, significant changes are also happening structurally within the organization.

- 1) In July of 1998, PCI took the first major step of many steps toward reorganizing the Program Operations & Development Department (PODD) in response to multiple issues arising out of fielding and financing programs.
- 2) The Board of Directors recognized the need for an organization wide position to focus on Monitoring and Evaluation (M&E), that position was created and filled in September ’99.

- 3) Fundamental changes in the Resource Development Department (RDD) began about 18 months ago and now they are working with the reorganized PODD to develop coordinated approaches to programming and fundraising.
- 4) It is expected that the new CFO will prompt similar changes within the Finance Department and between Finance and the rest of the organization.

This mid-term evaluation comes at a time when PCI is looking closely at what they have done right and what needs improvement. They have prepared the foundation for making real changes in how they field programs and are beginning to make the necessary alterations in procedures and systems.

An institutional commitment to high technical quality and accountability combined with effective fundraising is emerging as their new leadership works with everyone within the organization to complete their 3 year Strategic Plan by February of 2000.

One of the contributing factors for many of these changes came from the expectations of the MG and the realization by program staff that progress toward the grant outcomes was too slow. At this point it looks as if the final year of this grant will see the institutionalization of program approaches and policies that are growing out of a deep organizational change.

C. ZAMBIA

1. Field Office Programming

PCI has been working in Zambia since 1996 focusing on HIV/AIDS programming and working with local groups. A new Country Director joined the Zambia team in September.

PCI/Zambia (PCI/Z) was involved in extensive HIV/AIDS programming at the time the MG was awarded. They were working with District Task Forces (DTF) comprised of representatives from the Ministry of Health and other government agencies including the Zambian Military, International NGOs, Zambian NGOs, churches, community service groups and private companies. PCI/Z was helping the task forces develop coordinated HIV/AIDS interventions. They were also managing a competitive small grants program through the same HIV/AIDS project. In addition, they were working with local NGOs involved with programming for Orphans and Vulnerable Children (OVC).

2. Matching Grant

The MG allowed PCI to implement more focused capacity building interventions with key organizations involved in the existing programming, originally working solely with an organization coordinating a large Home Based Care (HBC) program. Just a few months ago, they also began working with an NGO developing interventions with street children and orphans. The AID portion of the MG was \$88,023 over the 3 years. That was matched with significant funds for a food supplement program from a European donor.

3. Mid-Term Evaluation

The evaluation team was in country from 17 to 24 October, worked with PCI staff at the field office in Lusaka and visited NGOs in Ndola (Copperbelt Province) and Lusaka with the newly arrived Country Director and MG Program Officer.

D. INDIA

1. Field Office Programming

PCI began programming in India in September of 1997 with private foundation funding for local groups focusing on leprosy identification and control. With the MG, PCI/I began its HIV/AIDS institution strengthening program. This was the first major grant received by PCI/India (PCI/I.)

PCI/I's main focus is on capacity building with the MG partner NGOs and continued work with the leprosy programs. They have also begun an HIV/AIDS prevention project with truckers near Jaipur and are doing an integrated community development/community empowerment project in Alwar, Rajasthan.

2. Matching Grant

Through the MG, PCI/I is working with 12 NGOs in four areas of the country. The NGOs vary from a newly formed network of HIV+ people based in south India to a membership organization of commercial sex workers in Calcutta. The NGO grants range from \$10–13,000 per year and are just entering their second annual grant cycle. The AID portion of the MG is \$930,306 over the three years; it is being matched with funds from headquarters and field fundraising.

3. Mid-Term Evaluation

The evaluation team was in India from 26 October to 5 November 1999, worked with PCI staff in New Delhi and visited NGOs in Calcutta with the Country Director and the MG Program Officer. The mid-term evaluation reflects an in-depth assessment of only two of the 12 NGOs with a brief look at one other.

E. INDONESIA

1. Field Office Programming

PCI has been working in Indonesia since 1971 to address basic health care issues. Their programming varies from conducting a health and nutrition needs assessment of communities in East Java and Northern Jakarta and developing a three-year intervention program to doing NGO Capacity Building through an HIV/AIDS Prevention Project (HAPP). They are also working with local NGOs to implement privately funded health interventions with youth and women factory workers.

2. Matching Grant

Through the MG, PCI/Indonesia is working with three local NGOs. There has been a recent change in partners due to unsolvable problems with one partner. The AID portion of the MG was \$754,628 over three years and is being matched with locally accessed foundation grants, funds from AUSAID and UNAIDS and headquarters. (Please see Annex B for Indonesia's Matching Grant Program Report)

3. Mid-Term Evaluation

The evaluation team did not go to Indonesia. We received a written report on the status of the Matching Grant, the specific indicators with expected and actual results and an explanatory narrative. We also had a phone conversation with the Country Director and the MG Program Officer after returning from the field. There is no attempt to give an in depth review of the program.

PROGRESS TOWARD MAJOR OBJECTIVES

The overall impression is that PCI is a dynamic organization having recently made institutional changes essential to achieving the objectives of this grant and now is moving forward toward their accomplishment. The positive changes at HQ are continuing and accelerating. The major effects of those changes are just beginning to be felt in the field offices. Within the past few months, PCI has made the institutional changes necessary to correct difficulties in relating to the field and is beginning to address the issues at hand in concrete ways.

PCI has moved from being an organization that delivered capacity building in a very adhoc fashion to one that is working toward institutionalizing a systematic approach. Capacity building approaches are evolving in the field and being institutionalized there. PCI sees the next step as bringing those techniques to headquarters and working with field staff to create an institution-wide approach.

There have been significant changes at PCI HQ over the past year, the most significant being hiring a new CEO with very strong feelings about how an organization such as PCI needs to deliver programs. It is obvious, when looking at the changes, that people are becoming clear about where they are going and what they need to do to get there.

PURPOSE OF THE MATCHING GRANT

The purpose of this Matching Grant project is to increase the capacity of NGO partners to implement sustainable HIV/AIDS programs and to expand the scope and improve the quality of PCI programs in the areas of HIV/AIDS and NGO capacity building.

STRATEGIC OBJECTIVE

Sustained Systems to Mitigate the Spread and Impact of HIV/AIDS

A. INTERMEDIATE RESULT 1 – HEADQUARTERS

HEADQUARTERS' PROGRAM SUPPORT FUNCTIONS STRENGTHENED IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

1. Overview

Improvements in Monitoring and Evaluation

PCI began the process of addressing both the issue of documentation of accomplishments raised in the '97 Assessment and the development of a management information system as outlined in the Performance Monitoring Plan. They knew that the system needed to serve all of their country programs if it was going to be effective. In preparation, they assessed various systems for a computerized MIS and began to realize that:

- There were major difficulties in trying to “roll up” information from 10 countries
- They did not have an adequate paper system for gathering country specific information
- There was no information at headquarters on what systems each of the countries had developed independently
- The cost was very high.

It was decided that developing a computerized MIS system at that time was unrealistic and that the first step was to develop a paper system for gathering information from the field offices. That paper system would later be computerized.

The issue was taken to the Board of Directors who agreed there needed to be an organization wide position that dealt only with these issues. They solidly committed to M&E by creating a new position funded 50% from PCI's resources and 50% from the MG. This new position was to develop a basic organization-wide information system and to help PCI abstract lessons learned in the field and generalize them throughout the organization.

Program Department Upgraded

The restructured Program Operations and Development Department is PCI's response to the historical difficulty in effectively overseeing field offices, accessing foundation funds, supervising HQ program staff and focusing staff energies on priorities. This new department has evolved over the past year and a half to include:

- 1) Two Regional Program Directors
- 2) Three Program Support Teams (PST) comprised of a:
 - Program Officer (PO) – job requirements upgraded first to require a Masters in Public Health (MPH) and then to include 3-5 years of overseas experience in an area appropriate to that PST's work

- Assistant Program Officer (APO) – position upgraded to prefer a MPH or equivalent and to expect that the APO would work closely with the PO to meet program needs
- Program Development Officer (PDO) – position moved from the Resource Development Department (RDD) to PODD to be responsible for large foundation fundraising which requires significant program input and to provide a direct connection with RDD
- Monitoring and Evaluation Officer – to strengthen PCI's M&E skills and processes in both the field and at HQ

Finance Department

In addition to creating and filling a CFO position, an additional finance staff person is being hired to monitor field office information and liase with field staff, and a senior finance staff person is now designated responsible for internal audits.

2. Lower Level Results

a. LLR 1.1 IMPROVED INFORMATION MANAGEMENT AT HEADQUARTERS IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

Resource Center (RC)

Considerable work on the RC was completed at HQ:

- A system for cataloging materials by geographic areas was developed
- The backlog of materials was catalogued and entered into a computer database
- The "Resource Center Start-up Instructions and Manual" was completed
- Nine of the 10 field offices received the HQ database on disk with the instruction manual
- And seven field offices received hands on assistance in getting started.

HQ has a plan for entering their new acquisitions. The physical site for the Resource Center was upgraded to hold the catalogued materials and HQ staff were given basic instructions on its use. Many staff are using the RC to access materials for program and proposal development.

Currently, HQ does not have a plan for how they will respond to requests from the field for information or for how they will routinely access relevant State Of The Art (SOTA) information either in electronic or published form to improve the available database. No system exists to ensure field offices are receiving updated HQ databases routinely.

The field staff were only minimally involved with the development of system and some of them are dissatisfied with how it has turned out.

Management Information System (MIS)

As reported above, PCI originally was side tracked by technology however, the MIS now has evolved into a more practical Monitoring and Evaluation process. The new M&E Officer is now gathering information from country offices through a survey. She is also

making site visits to selected field offices to assess the information and reporting systems in place and eventually to develop an organization-wide strategy for M&E.

This obviously will be an involved process and will not solve all of the immediate needs of the MG. PCI has committed to dealing directly with the MG countries and their data collection, analysis and reporting systems so that by the end of the third year, they will be able to report on information relevant to the grant. The system to be developed will eventually join the information gathered institution wide to create a “paper” information system for PCI as a first step toward developing a computerized MIS.

b. LLR 1.2 EXPANDED INTER-DEPARTMENTAL PARTICIPATION IN DECISION MAKING IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

- RDD and PODD worked closely together to create a fundraising prioritizing tool they are using across the organization that allows them to collaboratively make strategic fundraising decisions. This tool looks at the current funding in place, projected funding requirements and possible funding opportunities country by country. PODD works with the Country Director and the Finance Department to update the current and projected funding sections; RDD and PODD update the funding opportunities. (See Annexes)
- The Program Development Officer is a key member of the PODD team and is responsible for developing foundation grants. This position creates a bridge between PODD and RDD on a day to day basis and responds to the recognition that these grants require significant program input.
- The Finance Department has been severely understaffed and has had no high level leadership. This has meant that Finance has been involved with PODD and the field at only a basic level. It is expected that the new field accountant and internal auditor will have an immediate effect on the Finance Department’s ability to provide backup support to the field and to interact more with PODD and RDD.
- With the arrival of the CFO in February, PODD anticipates a much more interactive relationship with the Finance Department.
- PODD and Human Resources collaborated to develop the Skills Inventory. Human Resources is managing the data base.

c. LLR 1.3 EXPANDED HEADQUARTERS HUMAN RESOURCE CAPABILITIES IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

- The creation of PODD’s Program Support Teams (PST), each focused on a specific PCI program, and the increased minimum job requirements for team members, enabled PCI to dramatically scale up the capacity of their human resources. The PSTs were supported by reorganizing the supervisory structure and creating two Regional Director positions, one covering the Spanish speaking countries and the

other the non-Spanish speaking countries. The creation of a new position for Vice-President for Program is being seriously considered as a way to provide overall direction to PODD.

- The new MG program officer, on board since September, comes with considerable HIV/AIDS and capacity building field experience.
- An Organizational Development Specialist position is approved and awaiting allocation of funds. The current plan is to use consultant resources until the position can be fully funded. A decision has been made that all new staff hired need to come with strong HIV/AIDS or capacity building field experience.
- The new Monitoring and Evaluation Officer will contribute greatly to the human resources available for NGO capacity building and HIV/AIDS as mentioned above.

d. LLR 1.4 IMPROVED FINANCIAL SUSTAINABILITY TO SUPPORT NGO CAPACITY BUILDING AND HIV/AIDS

- RDD has developed comprehensive processes for individual and corporate donor development, special events, and Internet contribution opportunities as well as personal contact and mail. Private fundraising was up by 40% in each of the past 2 years and further growth is seen as a major priority in the next Strategic Plan. RDD and senior management are developing targeted fundraising strategies. Their promotional materials for donors and potential donors discuss funding sources as well as programs in the field. (See Annexes)
- The match commitment varies from grant to grant as does the make up of each match. RDD and PODD are developing guidelines for determining HQ and field responsibilities in meeting specific match requirements to respond to some confusion about responsibilities in the past. Neither PODD nor RDD anticipate any difficulty in meeting the match requirement for this grant.
- A standard organization-wide process does not exist at this point for capturing NGO local level financial and in-kind contributions although some field offices have the beginnings of a process in place.

e. LLR 1.5 INCREASED CAPACITY AT HEADQUARTERS TO PROVIDE TECHNICAL ASSISTANCE IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

Capacity Building

PCI, at the beginning of the MG, was delivering capacity building services with a variety of mechanisms. Sometimes they only worked with PCI spin off organizations and sometimes they provided stand-alone training or funded discrete activities. Over the past 2 years they have developed a skeleton process they see as a foundation of a PCI integrated capacity building strategy.

The process began in Indonesia and Zambia and has continued to evolve. Zambia is now using it with all NGOs they work with. PCI sees the next steps as taking this work, comparing it with work done in other PCI countries and engaging in dialogue with staff and leadership to develop guidelines for approaching capacity building with PCI's own institutional philosophy. Guidelines, or something that conveys the philosophy and accompanying strategies, would set a quality standard that is not now in place and would allow for a much easier replication of the approach in new countries.

This long-term vision is where PCI would like to be. Because of the recent institutional changes, they are moving rapidly in this direction and are likely to make significant progress before the end of the grant. However, they may not be able to generalize a PCI capacity building approach organization-wide by that time.

HIV/AIDS

A number of staff at headquarters have some HIV/AIDS experience and the new program officer has extensive HIV/AIDS field experience. PCI recognizes that it is important for the program officer who oversees this grant to have considerable experience with implementing HIV/AIDS programming overseas. PCI is not yet connected well to an HIV/AIDS network that would enable them to access SOTA information. The new program officer is committed to connecting HQ and the field offices to SOTA information sources.

Field Office Oversight and Technical Assistance (TA)

PODD, during the first year of the grant was unable to make more than minimal field visits to country programs due to in country politics (India's nuclear testing and Indonesia's political unrest) and reluctance at HQ to incur unnecessary costs. This limited their ability to provide oversight to field programs. Field offices want more visits so that PODD staff can understand the programs and be able to provide appropriate support. They are requesting "higher level" back up support especially around resource materials regarding work with partners, alternative approaches and information about interventions used in other PCI country programs.

The visits made to Zambia tended to be administrative in nature, and although a number of visits were made to India before the DIP was developed, no visits were made from PODD after that time. The negative implications of PCI/India's decision to work with 12 NGOs in four regions of the country only became apparent after some time and PODD was not there to help with a course correction. As the implications became apparent, there was considerable pressure from within PODD to increase field visits and provide more TA. That pressure, combined with other factors, has created structural and procedural changes resulting in scheduling more program focused site visits in the near future.

The new developments in PODD and the new leadership have shifted the focus back to the field. The person taking over management of the MG within PODD was part of the evaluation team and brings concrete ideas for improving PODD's interactions with the field.

Resource Development Department

The Fundraising Prioritizing Tool, recently developed by RDD and PODD assists the two departments in prioritizing funding needs in individual countries. (See (See Annexes)) This enables RDD to offer more appropriate and targeted TA to field offices regarding fundraising.

Finance Department

The Finance Department has had limited capacity to provide TA to field offices other than reviewing financial records. It is anticipated that the major changes in leadership and additional staff will enable more effective financial back up support to the field in the third year of the grant.

Sub Grant Agreement

This remarkably “user-friendly” Sub Grant Agreement was developed early in the MG for helping NGOs understand the responsibilities of PCI and their NGO partners. In it the legal agreement is written in clear English with graphics to illustrate the key points. PCI/Z is also using it as a teaching tool that will help the NGOs understand this agreement and the subsequent ones written in “legalese” they are certain to encounter. The agreement has just been adopted for use organization-wide although, as yet, only two countries are using it. (See Annexes))

Institutional Strengthening Assessment Tool (ISA)

The ISA began as a way of identifying the valuable skills of county staff, however, it was not developed with sufficient input from field staff and they did not understand how the information was to be used. As a result, the staff filling it out did not give it the attention it deserved or see it as of value to them. In some cases, the offices entered into a competition with their colleagues in other countries to prove they were “the best” making it difficult to identify staff development needs.

HQ was able to identify many of the problems with the process and results but has not used that analysis to operationalize the inventory as originally intended.

3. Issues/Lessons Learned

- **MIS**

The initial vision of a SOTA computerized MIS system was very ambitious and not realistic in an organization that did not have an adequate “paper” system for monitoring, evaluating and reporting on program progress. The original process for developing the MIS worked only minimally with the field and so, even if it could have worked for collecting data, it would not have been a capacity building process for field and NGO staff.

A computerized MIS that rolls up information from 10 countries with varying field programs demands that a sophisticated M, E & R system already be in place. Developing a basic system is the first step and a computerized system will follow.

4. Major Issues/Recommendations

1. During the first year of the grant, limited progress was made toward strengthening HQ's programmatic capacity. Considerable positive change has been happening since July of '98, that change is continuing and accelerating under the new leadership
 - *It is important to institutionalize the changes during the third year of the MG both at headquarters and in the field offices.*
2. The Resource Center (RC) is an excellent information base both for HQ and the field offices. The opportunity exists for it to become the core of a dynamic information system. If it is to move forward several issues need to be considered:
 - *PCI, as an institution, needs to decide what they want the RC to be and to make the necessary changes to allow that to happen.*
 - 14. *PCI needs to have a way to continually access SOTA information, both paper and electronic, about capacity building and HIV/AIDS.*
 - 15. *The RC could be a way to store that information and share it across a PCI network which would include HQ and all country offices*
 - 16. *A staff person would be needed to track down leads, access information, follow up on requests and pass information on to the appropriate people.*
3. The new Monitoring & Evaluation Officer is focusing on PCI as a whole. To deal more directly with the MG:
 - *The MG program officer has agreed to work with the field offices to develop a basic M&E system that, by the end of the grant, will be able to provide information to HQ and others. This system will feed into a computerized reporting process to be developed in the future.*
 - *PCI will consider reinstating quarterly reports from field offices*
 - *PCI needs to work toward identifying lessons learned in the field and generalizing them throughout the organization.*
4. PCI Capacity Building philosophy and guidelines are more elusive than anyone would like. The beginnings are in place and PODD has committed to the following next steps.
 - *Begin with the model developed by PCI/Z and facilitate a dialogue among field offices about what they see as PCI's core capacity building principles.*
 - *By the end of year three of the grant, PCI is confident they will have draft guidelines available for countries to work from and to use as they take this process forward.*
5. The capacity of HQ to provide TA in HIV/AIDS is now much better than it was and the commitment was made to ensure that there always will be someone on staff with a high level of expertise working with HIV/AIDS grants. PCI has indicated their goal is not to become a premier organization in the HIV/AIDS field. They will always need to access State Of The Art information networks that will allow them to keep up with this epidemic.
 - *Both headquarters and each field office will need to develop resource networks both in the US and in individual countries as well as have access to electronic information.*
 - *PODD needs to develop ways for that information to be shared among all of the countries involved with the MG and with HQ.*

6. There were minimal field visits by HQ staff so that TA, monitoring and the ability to identify lessons from the field was limited for both program and finance. Again, the changes in leadership and the development of PODD are helping to address this problem. Having the additional finance staff to deal with field issues and someone designated as an internal auditor should help on the finance side. Management is now encouraging more frequent field visits with electronic follow-up.
 - *A strong communication system needs to be developed between Program and Finance at HQ and at field levels.*
 - *RDD needs to be more strategically involved with field fundraising activities.*
7. HQ focused considerable energy on developing an elaborate Resource Center as well as MIS and an Institutional Strengthening Assessment Tool however they did not collaborate with the field regarding their design from the start or on developing ways those systems could be creatively operationalized. It is possible that the Sub Grant Agreement is a victim of the same problem.
 - *When systems are developed that will involve field staff in the implementation, those staff need to be involved from the beginning in the system development.*
 - *It is important to think through the implications of operationalizing the system in addition to developing it and to work with field offices to do that as well.*
 - *If PCI wants the Sub Grant Agreement to be standard throughout the organization, HQ will need to work with the country offices to find out why they are reluctant to use the agreement and help solve those difficulties.*
8. PCI currently is receiving five grants with match requirements, each of those grants have different match definitions and conditions. This is causing some confusion especially in the field offices.
 - *A match plan needs to be completed at the time of DIP development so both the field offices and RDD are clear about how much each is responsible for raising and any restrictions on the type of funds permitted in that particular match.*
 - *A headquarters staff person can be identified to track all progress toward the match for each grant.*

5. Likelihood Objectives Will be Met by End of Project

It is likely that this IR will largely be met by the end of the grant. Major institutional changes are being made that improve PCI's ability to address the indicators they chose to measure their progress. The evolution of a responsive PODD, the upper level institutional changes already made and those changes yet pending promise to contribute to making the third year of this grant a particularly productive one for PCI. They changed their definition of what they meant by a MIS to something within their reach and are addressing the issue on two fronts both organization-wide through the M&E position and directly on the MG by the program officer. There were no surprises in the recommendations; in some cases they were already working toward improvements and in others the findings confirmed existing suspicions and they began instituting changes on several issues immediately after the debrief with the evaluation team. The

institutional “will” is there to not only accomplish the objectives but to push them to the next level.

B. INTERMEDIATE RESULT 2 – FIELD OFFICES

COUNTRY PROGRAMS STRENGTHENED IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

1. Overview

a. ZAMBIA

Zambian Context

The status of the AIDS epidemic in Zambia is, of course, severe. Twenty percent of the adult population is HIV+ and there may be as many as 500,000 children who have lost their mother or both parents to AIDS.¹

The Government of Zambia at the central level has created the National AIDS Council and Secretariat as the official Government body to deal with AIDS issues and is quite involved with work being done on a local level. There is currently considerable pressure to ensure the Debt Relief package (currently under consideration by the IMF-World Bank) will target HIV/AIDS programming and NGOs may be seen as part of that programming. Local NGOs are actively lobbying donors and the government regarding HIV/AIDS priorities for the Debt Relief funds.²

USAID

USAID is interested in developing BHR/PVC grants especially because the grants have a major focus on baseline information, monitoring and evaluation and measured results. They see PVOs as innovators that are able to pilot interventions that can be later replicated in other programs. They also provide an opportunity for USAID to work in geographic areas outside their primary target.

PCI/Zambia

PCI/Z has new and strong leadership and comes with a legacy of very good relationships with local groups. They are one of a handful of funders prepared to provide capacity building assistance for the core of an organization. For the NGOs, the MG provides an opportunity to grow institutionally as well as to deliver more effective programming.

¹ UNAIDS and WHO, Zambia Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases, June 1998

² A brief word about the Ministry of Health is probably important here. The Ministry is several years into a major health reform and decentralization program. Much has been accomplished however many problems persist. As might be expected in a newly decentralized system, the quality of service varies widely from district to district. There are many excellent and dedicated staff in the DHMTs (District Health Management Teams) however, they have almost no resources to work with as the Ministry has very limited funds for staff and supplies.

PCI/Z has used the MG as an opportunity to develop a capacity building intervention process that they now use with all of their partner NGOs. They begin by identifying an NGO they see as an appropriate partner and do a baseline assessment with them. The assessment is used as a basis to work with the NGO to develop a capacity building intervention strategy both PCI/Z and the NGO feel comfortable with. The interventions usually include TA, mentoring and specific training appropriate for that organization. The intervention strategy is reassessed periodically by PCI/Z and the NGO and a repeat assessment done as needed.

They see their future role as using this capacity building model in working with organizations with a potential for becoming mentoring institutions in key HIV/AIDS areas.

NCD (Ndola Catholic Diocese)

The grant amount for PCI/Z was very small and necessitated strategic and creative use of the limited funds. The MG interventions focus on the Ndola Catholic Diocese Health Department's AIDS program (NCD) as a pivotal NGO managing a community based home care program. The hope is that by the end of year three, this organization will have significantly increased capacity to be a mentoring institution for NGO programs across the country in the key service area of Home Based Care and Prevention.³

Before the MG, PCI was providing capacity building support to several District Task Forces (DTF), coalitions of government agencies and NGOs, coordinating HIV/AIDS interventions in their district. NCD was part of the central leadership in the Ndola task force and therefore already had initial exposure to capacity building concepts. They however needed further assistance to institutionalize their learning. NCD had identified the need for a local staff person to coordinate the home based care program and the work with LARC (Link Association for Relief of Children), a network of smaller NGOs and CBOs (Community Based Organizations) assisting communities to address the issue of orphans and vulnerable children (OVC). PCI provides 50% of the salary for the Assistant AIDS Coordinator position in addition to TA, mentoring and technical training.

Fountain of Hope

In August of this year, PCI/Z began limited assistance to Fountain of Hope (FOH), a small organization developing an innovative program to address the growing problem of street children due to AIDS deaths. PCI/Z provides minor financial support, technical assistance, mentoring and training. Fountain of Hope also has potential as a mentoring institution.

³ The Health Department is a small department of the Ndola Catholic Diocese that functions as an NGO. One of their programs is the AIDS Program that manages the Home Based Care project and provides support to LARC (Link Association for the Relief of Children.) The AIDS Program is the focus of the MG interventions.

b. INDIA

Indian Context

The HIV epidemic in India is at a much earlier stage than in southern Africa and so it is hard for people to believe that it could be devastating. Estimates now place total HIV infections at about 4 million – more than any other country but fewer than projected in earlier estimates. The highest infection rates are in south India with Mumbai (Bombay) leading the way. There, more than 50% of the Commercial Sex Workers (CSWs) are infected as are 4.3% of the women attending antenatal clinics. In the Calcutta area the rates are much lower with only 5.53% of CSWs infected. HIV levels among IV drug users in the extreme NE of the country are stable but at an overwhelming 65% and levels in Calcutta are no longer being officially monitored but are increasing.⁴ Truckers also are a high risk group with some surveys showing a 5-10% infection rate. TB is the presenting symptom in over 60% of the AIDS cases in Mumbai.⁵ Because the picture HIV paints varies so much across the country and because the country is so large and also varied, the interventions appropriate in one area do not easily translate to others.

Government

The Government of India is in control of what happens within the Government bureaucracy. As is true in most countries, India is slow to accept HIV/AIDS as a problem. UNAIDS and the World Bank are pressuring them to improve interventions and they have established the National AIDS Control Organization (NACO) with AIDS cells in each state. The “National HIV/AIDS Prevention and Control Policy” developed by NACO has been approved, however, NACO is finding it difficult to implement the plan. Testing is available at state facilities but counseling is not and hospitals frequently refuse to admit AIDS patients. NGOs are strong advocates for HIV recognition and some of them are working through NACO to provide services.

USAID

The Government of India has asked donors to provide inputs in particular areas of the country. USAID will invest \$40 million in HIV/AIDS interventions for Maharashtra State and Mumbai as its major city. The first step will be to develop a partnership with NACO to begin programming the funds.

PCI/India

PCI came into India in 1997 with a small foundation supported program to work with NGOs addressing leprosy identification and control in the southern part of the country. Here, as in Zambia, PCI is one of a small group of funders willing to provide capacity building assistance for the core of the organization.

⁴ Association Francios-Xavier Bagnoud

⁵ Blinkhoff, P., Lungu, E., Mambwe, E., Bukanga, E., *Yes we are volunteers! Perseverance and Dedication in (AIDS) Home Care*, AIDS Department – Catholic Diocese of Ndola, Copperbelt Province, Zambia, December 1998.

PCI/I felt they needed to work with a large number of NGOs throughout India for a variety of reasons including PCI being new to the country and that the HIV/AIDS epidemic in India is complex and diverse in its geographic manifestations. PCI/I went through an involved selection process resulting in 12 partner NGOs for the MG. Part of the selection process was conducting a baseline assessment with each NGO, PCI/I then focused on the indicators to guide them in developing their interventions. Partnering with 12 NGOs meant they needed to develop a system for tracking the status of each organization. They developed detailed definitions for each of the indicators, based on the Pact OCAT (Organizational Capacity Assessment Tool), categorizing the NGOs as Nascent, Emerging, Expanding or Mature. (See Annexes) The Progress Chart of Partner NGOs is a matrix they developed that tracks the progress of the entire NGO portfolio. The matrix was filled in by going through the indicator list with the NGOs to determine progress. TA and mentoring visits were made and PCI/I also conducted numerous workshops with multiple partner NGOs on issues of importance to all participants.

An additional focus of PCI/I is assisting the NGOs to develop credible income generation and cost recovery programs to sustain their HIV interventions and the core organization.

DMSC

DMSC is an organization of sex workers and their children in and around Calcutta. Their basic objective is to improve their quality of life through access to basic services, such as health care, legal rights and education. They began as the “Sonagachi Project,” a joint project of the All India Institute of Hygiene and Public Health and NGOs in the area. In 1995, DMSC grew out of the original project and the sex workers themselves had their own organization for the first time. They run health clinics in red light districts and peer educators work with CSWs to increase awareness of the dangers of STDs and HIV.

Calcutta Samaritans

Calcutta Samaritans began in 1976 as a program to rehabilitate IV drug users. That program has expanded considerably, now including a vocational rehabilitation program, and they are seen as major providers of drug rehabilitation in the country. Recently they have broadened their focus and are now working with AIDS and STD prevention running primary health care clinics in and around Calcutta. One very interesting programs works with all of the people living and working on and around the railroad platform in central Calcutta. CS focuses on the entire community on the platform developing an integrated program that includes a mobile clinic, peer educators and non-formal education for children.

2. Lower Level Results

a. LLR 2.1 IMPROVED COUNTRY LEVEL INFORMATION MANAGEMENT IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

Resource Center

Zambia

The Zambia field office has catalogued all of their materials, is in the process of entering the data into the computer and they have a staff person who will enter new acquisitions into the database. The staff are enthusiastic about having their materials within easy reach and they have plans for introducing the RC to their partner NGOs by providing them with a printout of the database and doing an introductory workshop. They are interested in receiving databases from other countries.

India

The India office hired a consultant to set up the system and do the data entry. He will return periodically to enter new acquisitions. The staff are upset with the geographic cataloging system which means they can't easily access their materials without using the computer. The computer is someone's workstation. There is only one person in the office who feels comfortable with the new system; staff rely on her to interface with the RC for them. PCI/I has plans to print a new bibliography every 6 months. They have no plans to enable the NGOs to access the system directly.

MIS

Currently the field offices are not submitting quarterly reports with the entire scope of their work to HQ.

Zambia

PCI/Z's information system for the MG is inadequate. They have no requirement for quarterly reports from grantees and are not tracking information in a systematized way. The contacts and relationships with the grantees enable them to track the progress and the effects of interventions, however, they have no concrete way of gathering that information. Little information is passed on to HQ. They do have an effective monitoring and evaluation system in place in another of their grants and recognize the positive effects of such a system. PCI/Z sees this as a major problem both for themselves and for their grantees and are committed to making immediate changes.

India

In PCI/India the NGOs have systems for collecting program data and making at least basic decisions based on it. The data comes to the field office, generally buried in the quarterly reports, is read and interventions are appropriately

adjusted. There are spotty and insufficient systems in the field for identifying what information is significant, gathering and analyzing that information and passing it on to headquarters. Generally the information received at HQ is not in a usable form.

b. LLR 2.2 IMPROVED COUNTRY LEVEL HUMAN RESOURCE CAPABILITY IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

Zambia

PCI/Z assists staff in determining their development needs annually through the performance reviews and during the strategic planning process. Additionally, when proposals are written, organizational needs for staff training are identified and budgeted.

The program officer attended a major workshop on “NGO Strategies for Sustainable Development” which he reports helped him move forward dramatically in his thinking about relationships with donors and sustainability. Further training for the program officer and other MG staff include: facilitation skills, establishing and running a NGO, Participatory Learning Appraisal (PLA) skills, using visualization in participatory programs, HIV/AIDS local conferences, and management accounting. A staff member attended a summer program on monitoring and evaluation and then helped develop M&E training for the DTFs.

There are numerous HIV training opportunities in Zambia and the region because of the state of the epidemic there. Staff are encouraged to identify and attend locally available training of help to them. The Eleventh Annual ICASA (International Conference of AIDS and STDs in Africa) meeting was held in Lusaka this year and was an opportunity for many staff and NGOs to learn SOTA information on HIV/AIDS. A higher level training of trainers is planned for staff for early next year.

India

Staff development plans are in place and all staff are receiving access to training. Program staff attended training on HIV/AIDS, and resource development last year. Next year they are scheduled to attend more HIV/AIDS training and the program officer will attend a Strategic Planning workshop given by AIDS Alliance for two NGOs who are mutual partners. The finance director is enrolled in a finance course.

c. LLR 2.3 IMPROVED FINANCIAL SUSTAINABILITY TO SUPPORT NGO CAPACITY BUILDING AND HIV/AIDS

Zambia

PCI/Z formed a partnership with HELP, a European organization, to provide food aid for NCD's home care program as a match for this grant and seconded staff to help manage the program. The program in the field is going well.

The partnership was complicated at the central level by needing to route funding from the EU to HELP Europe to PCI HQ financial system to PCI/Zambia and then to

HELP in Zambia. European and USAID financial accounting systems have different requirements and it is very difficult to satisfy both especially with the money making so many stops along the way. Expected communication challenges meant the agreement needed to be unquestionably clearer for all partners. It was not clear enough, and a year into the partnership, the central agreement came into question. The program on the ground is working and is seen as extremely valuable. At the time of this writing it looks as if the central agreement will be dissolved but the program in the field will continue.

India

The field office has raised significant funds in country for local NGO HIV/AIDS programming. PCI/I feels that they could have raised more funds if they had FCRA (Foreign Contribution Regulatory Act) approval. In India, that approval is necessary to accept money from foreign donors. Because PCI/I doesn't have that approval, all funds they raise for NGOs must go through HQ. Many foreign foundations operating in India require FCRA approval for all grants they make, therefore until PCI/I has FCRA approval, they will not be able to access these funds. It takes a minimum of three years of operating in country to be eligible to apply for approval. With approval, funds from in country foundations could be granted to PCI/I for small grants to NGOs.

PCI/I is strongly committed to assisting their NGO partners in developing mechanisms that contribute to their financial sustainability. PCI/I is encouraging NGOs to charge for services or products when possible and to charge close to the market price when that is realistic. DMSC is charging three-fourths of the market price for condoms, and a fee for clinic visits. Calcutta Samaritans' fee for lab tests covers all of the costs except the reagents. Both organizations are seeing cost recovery as a viable option for services and products they provide. Income generation is another mechanism PCI/I is assisting the NGOs to implement. Calcutta Samaritans have been quite creative and with the support of PCI/I are not only selling the printing services of their vocational rehab program to the general public but are planning to sell their driver's education program in the off hours as well.

d. LLR 2.4 INCREASED COUNTRY LEVEL CAPACITY TO PROVIDE TECHNICAL ASSISTANCE IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS

Technical Assistance for Country Programs

PCI/Zambia provided TA to Indonesia both with program design just after the DIP development and later with a workshop on IEC development for the Indonesian NGOs. They also presented information to HQ staff on the continuum of HIV/AIDS home based care. Other country programs contributed very little toward providing TA for their peers. The technical assistance received from HQ in some instances was also minimal. India had considerable TA and visits from HQ before the DIP was developed but has since received only contact by email and when the Country Director was visiting HQ. Many of Zambia's visits from HQ were around administrative issues with the exception of a visit in August of '99 when field staff were helped with developing a workplan and the Resource Center was introduced. Finance staff also provided some TA to PCI/Z MG in

mid-1999. There were a number of TA visits to Indonesia from HQ as well as from Zambia covering information regarding PRA (Participatory Rural Appraisal), Resource Center and planning.

Zambia

Technical Assistance on HIV/AIDS is readily available in Zambia through in country and regional AIDS conferences, networking, reports, newsletters and online information. The ICASA was held in Lusaka this year and PCI staff and partner NGOs were actively involved. PCI/Z is connected with online technical information through their other programs.

India

PCI/I staff have had less formal HIV/AIDS technical assistance, however some training is scheduled for next year.

Technical Assistance to Partner NGOs

The cornerstone of all country programs is providing technical assistance to partner NGOs beginning with a baseline assessment.

Zambia

- **Capacity Building**

At the beginning of the MG, PCI/Z was providing capacity building technical assistance to the DTF; the MG allowed them to work directly with an NGO to provide individual capacity building interventions. Also at the beginning of the MG they were providing funding through the small grant program to NGOs to do stand alone training and/or discrete activities. Now, two years into the MG, they have systematized the process for doing capacity building with local institutions and are using it with all NGOs they work with. They also developed criteria for identifying potential partner organizations. The systematic process may be a place for PCI as an institution to begin discussions that could lead to the development of “PCI Guidelines for Capacity Building.”

This process is not linear but rather continual feedback and decision making inform the next intervention.

1. Conduct baseline assessment, grounded in the Pact OCAT, with potential partner NGO
2. Work with the NGO to develop an intervention strategy based on the assessment
3. Provide appropriate technical assistance and mentoring
4. Provide training on specific issues as appropriate and include several groups in the training when possible
5. Continue providing technical assistance and mentoring
6. Revise the intervention strategy with the NGO as needed

7. Repeat the assessment, the timing varies depending on the needs of the organization
8. Revise the intervention strategy with the NGO based on the new assessment findings

They also developed criteria for identifying potential partner organizations

Organizations That:

- Respond to problems as learning opportunities
 - Have determination and a strong will to live
 - Recognize the value of the TA/Mentoring available
 - Are open regarding their organization
 - Feel a great need for organizational improvement
 - Are eager to grow and be more stable
 - May be an organization that is activity driven but has potential
- **Intervention Strategy**
PCI/Z used very limited funds to work with an NGO that had developed a model program and had potential for helping other organizations adapt and replicate the model.

PCI/Z is using this strategy in their interventions with other NGOs:
 1. Identifying organizations open to strengthening their core organization with programs that have the potential to be models
 2. Providing minimal funds and a maximum amount of TA and mentoring
 3. Helping the organization develop the core strength they need to be able to share their model programs with others without being destroyed.
 - **Coalitions and Networks**
Major capacity building work was done, concurrently with the MG, with the District Task Force (DTF) in Ndola of which NCD was a leading member. However, when PCI/Z began working directly with NCD through the MG, it became clear that they needed direct and individualized assistance on many of the issues covered with the DTF. The initial exposure to institutional strengthening issues through the coalition raised awareness and created a demand but did not enable organizations to replicate the changes within their own organizations. PCI/Z through the MG is working directly with NCD to help them institutionalize the concepts they were introduced to through the DTF trainings.
 - **Small Grant Management**
PCI/Z also assisted NCD in developing skills and processes for small grant management including the selection criteria and financial reporting system for

Innovation Fund grantees. Those grantees include community level NGOs and CBOs providing services targeting HIV/AIDS orphans and vulnerable children (OVC).

India

- Capacity Building
PCI India's decision to track twelve NGOs in four clusters throughout the country rather than focus on a few NGOs in a limited geographic area created both logistic and human resource problems that adversely affected their capacity building performance.

PCI/I conducted baseline assessments with the NGOs but did not develop an intervention plan based on the assessments. They did, however, work with NGOs to plan a multi-organization training program based on the NGO's collective capacity building priorities. For reporting purposes, they used the indicators they chose out of the Program Monitoring Plan and developed a fairly elaborate tracking system to follow the progress the NGOs were making toward those indicators. Their vision of capacity building seemed to be defined by the tracking system rather than by any broader understanding of the complexities involved in working with each NGO to determine their institutional needs and providing support and assistance towards that end. PCI/I also reports some problems linking NGO priorities with the tracking indicators. When the PCI/I program officer was able to be with NGO leadership in the field, he frequently was able to deal creatively with the critical capacity-related issues in the organization. Opportunities for such mentoring approaches were too few with this many NGOs and with the distances involved.

PCI/I did a Strategic Planning workshop with three of the 12 NGOs early in October '99. The NGOs appreciated the information from the workshop and made changes in their organizations in response to what they learned. However, they felt they needed much more help to actually develop an effective strategic plan. As this was the first time PCI/I had done a Strategic Planning workshop, they didn't originally plan for further follow-on activities. Through the workshop process, they began to understand that capacity building is much more complex than they had foreseen and would require more follow-on workshops and individual technical assistance.

Part of the problem was that PCI as an institution has not developed capacity building guidelines that reflect their organizational philosophy and strategies nor did headquarters provide in country program oversight after the DIP was developed. HQ gave themselves no opportunity to help with a course correction early in the grant and left the field office without sufficient institutional vision and direction regarding NGO capacity building.

There was agreement with PCI/I, at the time of the evaluation, that the NGOs needed more intense intervention and that this was not possible with 12 organizations. They agreed to reduce the number of NGOs to 6-8 in the third year of the grant and to see them more often to be able to work closer with leadership on organizational issues.

- **Training Intervention**
PCI/I delivered six workshops for partner NGOs spread over the 18 months since the DIP was developed. They focused on a variety of subjects including: NGO DIP development; MIS basics, Introduction to Financial Management, HIV/AIDS and Fundraising; HIV/AIDS and Counseling and Testing; Micro-Enterprise Development for 2 NGOs funded by another donor; HIV/AIDS Care and Counseling Part 2; and Strategic Planning for 3 NGOs. The workshops were usually attended by one representative from each of 9 to 12 Partner NGOs except where otherwise noted. Outside consultants, often from other NGOs or PVOs, usually provided the technical expertise and frequently one of the larger Partner NGOs organized the workshop. The NGOs spoken with found the workshops helpful especially: HIV/AIDS and Counseling and Testing, and Strategic Planning. PCI/I program and non-program staff also attended the workshops and benefited from the technical information presented.

3. Issues/Lessons Learned

a. ZAMBIA

- Offering very little grant money meant the NGOs focused on capacity building as the main benefit of the program and not on the grant funds.
- It is difficult to partner with non-American organizations and merge the accounting requirements of USAID and the foreign entity. If such a partnership is desired, it is essential that the written agreement be absolutely clear to all parties, keeping in mind cross-cultural issues, so there is no room for confusion.
- When capacity building assistance is given to a coalition of organizations, members of the coalition probably will not be able to take that learning and apply it directly to their own organization. The initial exposure to institutional strengthening issues through the coalition raised awareness and created a demand but did not enable organizations to directly use the information internally.

Several issues contribute to the difficulty of providing capacity building interventions with coalitions or networks and expecting those interventions to be generalized within each of the organizations participating:

1. The position and/or the person involved in the coalition may not have the authority to begin a change process within their organization

2. The organization's leadership may not be supportive of organizational change
3. Other factors may cause the organization to not be ready for change
4. It is a heavy burden on one or two members of a coalition to expect them to return to their organization and initiate change alone
5. Even the concrete skills necessary for basic planning are usually not learned with just one experience

b. INDIA

- HIV/AIDS in India is in different stages in different parts of the country. It is not possible to replicate successful programs across States without major adaptation.
- As the demands from NGOs for more sophisticated capacity building are increasing, it is becoming apparent that each NGO needs strategically designed and frequent individual contact. The number of NGOs worked with during the last year of the grant will drop from 12 to between six and 8.
- It is important to remember that workshops with one or two representatives from many organizations are a good way to increase communication between the groups and to communicate information to individuals. Those workshops, however, have limited value in precipitating organizational change. To accomplish that, workshops like the recent Strategic Planning Workshop with a small number of organizations and larger representation from each one are much more effective.

4. Major Successes

- A year and a half into the MG, PCI/Z has institutionalized a systematic process for doing capacity building with local organizations that may be a place for PCI as an institution to begin discussions that could lead to "PCI Guidelines for Capacity Building." (see d. above – LLR 2.4)

5. Effectiveness of Models, Approaches or Assumptions

- PCI/I has the potential to develop a systematic approach for assisting NGOs in developing income generation projects (IGP) and cost recovery mechanisms. The grantees we saw are committed to the philosophy of IGP and cost recovery and are changing organizational attitudes about it. That is quite an accomplishment. It would be helpful to document information such as: what the cost recovery/income generation was, the percent of the cost recovered, and when it began as well as how institutional attitudes were changed.

6. Major Issues/Recommendations

1. Resource Center

- *Work with PCI/HQ to decide what the RC needs to be and make it happen.*

- *If country offices want NGOs to be able to access the resource center, it will be important to provide them with some ongoing TA around the use of the technology. It may not be appropriate to ask the person responsible for cataloging new acquisitions to do this.*
- *Work needs to be done with individual field offices to resolve difficulties they are having with fully implementing the Resource Center*

2. M&E Systems

The addition of an M&E position organization wide is a positive step for institutional growth but alone, will not be enough to produce sufficient improvement for this grant within the next year. Additional interventions will also be necessary.

- *Through work with HQ, field offices need to develop a paper system so that by the end of this grant, info from the NGOs and field offices will be available to HQ and PVC.*
- *Reinstate quarterly reports from field offices to inform headquarters of the status of the entire scope of the country program.*

3. NGO Baseline Assessment

The tool that PCI is using has gone through several changes over the past few years. PCI field staff are open to upgrading their skills and PCI/Z is using some of the more interactive techniques already.

- *Introduce newest version of the OCA (Organizational Capacity Assessment) process to field and HQ staff*
- *As appropriate, implement it in MG programs and generalize it to all PCI capacity building programs in the future*

4. Inter-Country Collaboration - Interesting innovations and adaptations are being created in country programs and local staff are struggling with many of the same issues: How to address founder based leadership, what does capacity building mean anyway, etc. These staff are the reservoir of information on lessons learned in the field. It is important to provide them with an opportunity to explore those lessons and share them with the organization as a whole.

- *Develop a way to share information and strategies between country programs. Bring local staff together and ask them to discuss overarching issues from their own perspectives.*
- *Use the outcomes as a basis for something like “PCI Guidelines for Capacity Building” and other issues of value.*
- *It perhaps would be possible to do electronic “discussion groups” on topics after staff had an initial session together. This would keep the discussion going and, perhaps, could draw others in.*

5. HIV/AIDS

- *It is critical that the field offices are involved in networks of INGOs, (International Non-Governmental Organizations) IOs (International Organizations) and others who are working in HIV/AIDS to access sources of SOTA information from the country and the region and share the information and the networks with the Partner NGOs*

- *When that information comes from electronic sources, the source can be shared with HQ and Partner NGOs, and eventually with other PCI countries with HIV/AIDS programming.*
- *Use the networks, especially with INGOs and IOs, as forums for discussing successful intervention strategies as well as learning technical information.*

6. PCI/Zambia

- *It is essential that a basic monitoring, evaluation and reporting system be committed to paper. Use what is known already and the lessons learned in the OVC program to quickly begin the process. Work with the program officer from HQ to further develop the system.*
- *Continue to clarify and document the capacity building strategy and share that process with PCI/HQ*

7. PCI/India

- *Reduce the number of NGOs to 6-8 for the final year of the grant and develop intervention strategies with each NGO based on their needs and implement the interventions. If 6-8 is too many to do this with, cut the number further.*
- *Carefully select the NGOs, focusing on those that are open to assistance with organizational issues and are developing new models or potentially are able to share their models with others.*
- *Ask NGOs to begin to identify capacity building objectives for their proposals that they want to accomplish in the next funding cycle.*
- *Continue to help staff access training and written materials on capacity building, strategic planning and HIV/AIDS.*
- *Continue to help NGOs develop creative income generation and cost recovery interventions and see what can be done to document the process.*
- *Continue to learn about the State Of The Art HIV/AIDS interventions from the excellent Partner NGOs and develop creative ways that information can be shared with the other NGOs working with different aspects of the epidemic. Possibly discussion groups as discussed in "Inter Country Collaboration."*

7. Likelihood Will be Met by End of Project

The basic requirements written into this Intermediate Result (IR) are likely to be accomplished by the end of the project especially if a monitoring and evaluation system can be developed with the field offices. The extent to which the greater institutional expectations around this IR will be met by the end of the project depends in large measure on the extent to which country programs work with HQ to make institutional changes that will move this grant forward. A meeting of all country directors is scheduled for January. That meeting provides an opportunity for organization-wide discussion and strategizing on the major issues coming out of this evaluation. Headquarters staff can be a resource in dealing with the issues but of course, the majority of the actual work will take place in the field.

C. INTERMEDIATE RESULT 3 – NGOS

INCREASED CAPACITY OF NON-GOVERNMENTAL ORGANIZATIONS IN INDONESIA, INDIA AND ZAMBIA TO MANAGE HIV/AIDS PREVENTION AND CARE PROGRAMS.

1. Overview

a. ZAMBIA

PCI Zambia is working with two NGOs through the MG. They have been working with NCD's AIDS Department from the beginning and with Fountain of Hope for the last few months.

NCD

The AIDS Department of the Ndola Catholic Diocese was established in 1993 to work with a home care program for people living with AIDS initiated in 1990 by community churches representing multiple denominations. They now coordinate the 11 community based home care programs in 25 shanty towns around Ndola and Kitwe home to a population of 450,000. Seven hundred community volunteers provide often daily services to 6000+ AIDS and TB patients and their families.

The 700 volunteers visit AIDS patients in their homes and a nurse provides backup support. The care is holistic, focusing on medical/nursing care and overseeing DOTS (Directly Observed Therapy, Short-course) for TB patients. They also provide counseling, prevention education, spiritual care and food assistance. When a patient needs to go to the hospital the volunteer may arrange for transport, accompany them to the hospital and stay with them there. They teach family members how to give physical care, and bring basic medication and occasionally the food assistance to the patient. They also counsel with the family helping them make decisions that will provide for the children after the parent's death, especially to ensure the extended family will not take the children's property.

The AIDS Department also initiated and provides continued technical assistance to LARC (Link Association for the Relief of Children), a network of smaller NGOs and CBOs working with communities to address the issue of orphans and vulnerable children.

The Assistant AIDS Coordinator, funded 50% by the MG, came to the position with very strong clinical skills and experience with HIV/AIDS and counseling but no organizational skills. The program in the field was going well but needed more attention than was possible without some looking after it directly.

Fountain of Hope

In 1996, FOH established a program for street children after breaking off from the Zambian Red Cross' Street Kids International Project. They used office space in the Ministry of Sports until large numbers of children inundated the office. The Lusaka City Council then loaned them property to set up a drop in center.

Many of the children they work with are on the streets because their parents have died of AIDS, others are there because of poverty. Of the 450 children who spend at least part of their day at the center, 70-80 sleep there. FOH offers children 3 meals a day, a community school, medical services at the government clinic, sports activities, a drama group, skills training and a place to sleep all in a cement block facility without a roof. The roof has just been funded, the international school is funding a library facility, the wash house/toilet building will be completed soon and the children's garden is growing well.

One mainstay of their program is the community school staffed by volunteers and offering classes in the local language, math, social studies, environmental science and English. The other mainstay is the outreach program. Street educators are on the streets every night to be with children where they are, help with crises and invite kids to the center. They also make home visits to try to re-integrate children with family remaining back into their homes. FOH has just started a new intervention. A group of six of the older kids who became involved with the FOH project are now back on the streets connecting with the kids there as peer educators.

***NB:** PCI/Z has only been working with Fountain of Hope since August of 1999 and so the work with them is just beginning. What has been accomplished, will be reported but most of the growth from the MG inputs will come in this next year.*

b. INDIA

PCI/India has been working with 12 NGOs in four regions of the country through the MG. The evaluation visit focused mainly on two of the Calcutta based organizations.

DMSC (Durbar Mahila Samanwaya Committee – Committee for Co-ordination of Women)

DSMC is a community based organization of 40,000 CSWs in and around Calcutta organized in 1995 and growing out of the Sonagachi Project which is only working in Calcutta and not in the surrounding areas. DMSC has 300 Peer Educators working in approximately 36 red light districts throughout the Calcutta area helping CSWs understand the importance of: treating STDs, using condoms to help prevent HIV/AIDS and developing self esteem and control over their lives. They run health clinics in the red light districts, literacy classes for CSWs and their children, STD clinics for the clients of CSWs, negotiate with the police and government officials to reduce harassment and sell condoms door to door. Condom use has gone from 2.7% before the Sonagachi Project began to 69.3% in '94 and 90.5% in 1998. The STD prevalence rate is 14.3% and the HIV rate in the red light districts of Calcutta is 5.53% as opposed to 50% in Mumbai.

Sonagachi began as a Government project through the Institute of Hygiene, became an NGO and now, as DMSC, is a CBO. From the beginning of the project, the involvement of sex workers at a decision making level was seen as key to making the project a success. The ultimate goal is to transfer organizational leadership into the hands of the CSWs. In May of 1999, the founder/director stepped back from his role and a new director, the son of a CSW, took over with the blessings of the membership.

Calcutta Samaritans

Calcutta Samaritans began in 1976 as a program to rehabilitate IV drug users. They have expanded that program to include outreach and awareness raising, networking with community leaders, needle exchange, community and residential based detoxification, a day care, a midway home, night shelter and vocational rehabilitation. They are one of four NGOs in the country doing SOTA work with IV drug users. Most of the staff of Calcutta Samaritans are former and recovering addicts and are successful role models for others.

CS is now also working with all of the high risk population groups concentrated at the Sealdah Railroad Station: CSWs, porters, rickshaw pullers, street children and venders. They have recently started an integrated program focusing on HIV/AIDS prevention and care, STD treatment and vocational rehabilitation. Peer educators (CSWs, rickshaw pullers and porters) work on the streets to convey prevention and treatment information and to help gather people in focus group discussions led by CS staff. They also run a mobile clinic on the station platform that treats STDs and general illnesses and makes referrals into their main clinic.

A newly operational Vocational Rehabilitation program provides training for 150 students in a number of technical areas including tailoring, knitting, screen printing and driving. They work with 200 street kids directly offering meals, bathing facilities, non-formal education and connections to the formal school system when the child is ready. They also provide access to medical care, recreation and skills development activities.

2. Lower Level Results

It is important to remember that PCI/Z had been working with FOH for only 6 months when the mid-term evaluation team saw them and three of those months were informal interventions before the MG. Also, the evaluation team worked with only two of PCI/I's partners and so the details of this report are limited in scope.

Both Zambia and India are providing TA and mentoring to the organizations they are working with as well as training developed in response to expressed needs by the NGOs and/or the results of the baseline assessments. The NGOs see PCI, not only as a donor, because generally the funds provided are very small, but as helping build the capacity of the organization. PCI is described as being interested in the organization and its vision, asking questions no other donors ask, bringing little money but maximum input and generally being the only of their donors concerned about the organization itself.

a. LLR 3.1 NGO ORGANIZATIONAL STRUCTURE STRENGTHENED

Zambia

- Baseline assessments were conducted with both organizations with plans to do follow up by the end of the grant. The assessment was used as basis for developing an intervention plan with the organization.

- Broadening founder based leadership is being encouraged by interventions such as: promoting wider participation in HIV/AIDS outreach activities and encouraging approval and coordination with health centers and other influential people.

NCD

1. A Zambian is now in a newly created position managing the home based care program. He is a significant member of the leadership team and is NCD's representative concerning the fieldwork of the AIDS Department. He is now able to identify areas where NCD needs more help from PCI/Z asking for additional assistance with finance and training for NCD's partner NGOs and CBOs.
2. There is an organizational mission statement and people understand it well at the leadership level but the AIDS Department does not have one of their own.

Fountain of Hope

1. The leadership is made up of the Director, Educational and Outreach Directors and Coordinators. It is very broad based and has been since its inception.
2. Their Mission Statement is clear and diffused throughout the organization
3. Major focus of work for the next year is board development
4. They were offered funding from UNICEF to implement a program they felt would be at odds with their mission and refused the funding.

India

- PCI/I conducted baseline assessments but did not work with the NGOs to develop detailed intervention plans.
- The Strategic Planning Workshop was a significant intervention toward helping organizations strengthen their organizational structures.

DMSC

1. DMSC is going through major leadership changes. The charismatic founder/director is moving to an advisor role. The son of CSW was appointed Director in July of '99. The membership see the changes as signs that DMSC is moving toward their vision of the community taking over operating the project at some time in the future.
2. The former leader was creative and charismatic; the new Director is interested in translating the creativity into organizational stability. He is focused on the need for institutional strengthening.
3. DMSC has a clear mission statement that guides their organization.
4. The role of the President has changed in the past year from being inactive to being a force in the organization. She clearly articulated their mission during the strategic planning workshop and helped participants understand the importance of having an explicit mission statement.

Calcutta Samaritans

1. The founder/director is still the head of the organization; however, operations are managed by a core group of six staff.
2. The staff came back after the Strategic Planning Workshop and developed Mission, Vision and Value statements for the organization. They talked about how important it was for them to go through that exercise within the organization.

Impressions/Recommendations (LLR 3.1)

1. *PCI/Z could work with NCD's AIDS Department to help them develop a mission statement that would directly focus on and guide their own work.*
2. *PCI India has an opportunity to work with the new director of DMSC, help him through the transition process and to translate his operational concerns into organizational changes. In order to assist with this transition, PCI/I program staff will need to free up time to be available to help the new director and other senior leadership think through the issues they face.*

b. LLR 3.2 MANAGEMENT PRACTICES IMPROVED

MIS System

NCD, DSMC and Calcutta Samaritans each have some form of information system in place that they use for internal decision making however, FOH has only an informal system in place. Each organization expressed concern that their system is not providing them with all the information they need and are asking the PCI field offices for help to make the systems more useful.

Zambia

NCD participated in a workshop for the DTF early in '99 which included M&E information but feel they need TA focused on their specific situation to enable them to develop a process for reporting their considerable data in a usable form. PCI/Z has scheduled a training in M&E for NCD in January and will provide mentoring as NCD implements their improved system.

- NCD is collecting quarterly information regarding patient statistics, food use, drug use and costs, and volunteer workloads. They also have clinical information about patient deaths, diagnoses and data about the quality and quantity of life but have no capacity to analyze that information. They conduct field studies as often as possible to learn why things happen as they do and to get clues about what they can do to correct problems. Two recent studies were completed, one on the Motivation of Volunteers⁶ and the other on Drug Use Impact on Patients.

⁶ Blinkhoff, P., Lungu, E., Mambwe, E., Bukanga, E., *Yes we are volunteers! Perseverance and Dedication in (AIDS) Home Care*, AIDS Department – Catholic Diocese of Ndola, Copperbelt Province, Zambia, December 1998.

Their data shows that the food program is a major contributor to increasing the effectiveness of the home based care program. The improved nutrition of AIDS patients also increased:

- Their ability to resist secondary infections
- The likelihood they would take their TB medication
- Their life span
- The length of time they could parent their children
- Their sense of wellbeing and security

NCD knows from their own data that when AIDS patients receive HBC they will probably live longer than 5 years after diagnosis but if they do not receive care they will die within 3-5 years. This, of course, impacts the age of children when they lose their parents and therefore the numbers and ages of orphans.

India

The NGOs are collecting service data and are using it for their decision making. It can be found buried in their quarterly reports. There is pressure from the field office for the NGOs to do KAP (Knowledge, Attitudes and Practice) surveys. In some cases this may be appropriate, however, some of the NGOs are collecting hard data about STD prevalence and treatment rates as well as condom sales. They are asking for and need help in reporting that data.

- DSMC is collecting data on condom sales (70,000 per month), and use (90.5%), clinic use (20-30 patients in a 2-3 hour clinic), STD rates among CSWs (14.3 %), and HIV prevalence rates among the clients coming in to the client clinic for counseling (22%), and are using that information to inform their decision making. If, for example, clinic volume is down, the supervisor and peer educator attempt to discover if there is some communication problem or harassment and correct it. The wealth of information collected is not coming to the field office in a form it can be easily used.

DMSC is also conducting three field studies to gain more in-depth information about their community:

- i) A large, two year survey on community mobility/empowerment around HIV/AIDS
- ii) A 6 month study of behaviors of fixed clients of CSWs
- iii) A Rapid Assessment funded by PCI on general health awareness, STD/AIDS awareness and condom promotion

- Calcutta Samaritans are providing information on the number of clients seen, number treated for STDs, condoms distributed or sold, needles exchanged and focus groups held, and reporting it at the end of their quarterly reports. They are also interested in conducting some basic behavior change studies but do not have the expertise in house.

Strategic Plans

Each of the four NGOs have basic Strategic Plans that are used for guidance and program planning and each is requesting more help with concepts of planning and program design.

Zambia

PCI/Z's training on Program Design and Management for NCD and FOH raised the issues and they are working with each organization individually to help them implement the concepts in the workshop.

- NCD sees a need to repeat the training with all of the NGOs and CBOs involved in the HBC and OVC programs and is requesting that PCI/Z help them facilitate the first of the workshops.
- FOH feels the baseline assessment helped them to “get focused” and develop priorities, goals and objectives. It also helped them develop clear descriptions of individual job responsibilities.

India

India has introduced the concept of strategic Planning through a workshop to three of their partners. All three feel they need much more help to understand the concepts although each has developed a draft plan. Two of the other nine organizations will receive a workshop from AIDS Alliance on strategic planning later this year.

- DMSC made program structural changes after the participants returned from the workshop complaining that management and administrative systems have not kept up with program development. They:
 - i) Designated a specific staff person to liase with each donor, they are hoping this improves donor coordination without too great an additional burden for staff.
 - ii) Developed Functional Teams (research, education, IEC, networking, advocacy) to provide technical services to the field operations.
 - iii) Instituted Field Coordinators to act as link between the field and the functional teams.
- Calcutta Samaritans integrated the SWOT concept from the Strategic Planning Workshop into all of their projects and are working through peer educators to gather SWOT information from the community.

Administrative and Financial Procedures

Finance and administrative systems are receiving attention from both field offices.

Zambia

- NCD is currently getting help from PCI/Z to improve their financial reporting system which will also enable them to document local sources of cost recovery, income generation and donation income.

India

- DMSC is asking for help to strengthen their administrative systems as they go through this leadership transition. They also are receiving help in developing sound policies such as the newly instituted policy to promote and train CSWs to fill job vacancies within the organization.
- Calcutta Samaritans is getting help from PCI with developing a more transparent financial report.

Impressions/Recommendations (LLR 3.2)

1. *When HQ works with the field offices to develop the beginnings of a paper MIS, they need to also be sure the field offices know how to proceed in helping the NGOs begin to improve their systems.*
2. *Field office staff need more information on conducting basic studies and Operations Research*
3. *The Strategic Planning workshops helped the India office more deeply understand the complexities of capacity building and that they need to provide the necessary training and mentoring to help these organizations move forward in their institutional growth. In order to do that, they will need to significantly decrease the number of organizations they partner with, strategically choose organizations that have the potential to be models and increase the intensity of the interventions.*
4. *To provide more complete coverage of the Strategic Planning process, PCI/I needs to be sure:*
 - *The strategic planning process is introduced to the remainder of the NGOs they will work with in the third year of the grant*
 - *The planning process is covered in more detail with the original groups as well as the others*
 - *Be available to work with them individually to help them integrate the process into their organizations*

c. LLR 3.3 HUMAN RESOURCE CAPACITIES STRENGTHENED

Staff Development

Generally, individual staff development plans are discussed at the time of annual performance reviews and training opportunities are identified. Local training opportunities are accessed as much as possible. In both countries, there are regional HIV/AIDS conferences that are accessed by at least some of the NGOs.

Staff Supervision/Staffing Procedures

Zambia

- NCD has an elaborate volunteer supervision process with clear job responsibilities. Each nurse is responsible for about 200 patients and each volunteer for 10-15 patients. Nurses generally use the home visits to provide clinical teaching for the volunteers and they meet as a group monthly to discuss clinical as well as procedural issues. The nurses meet with NCD staff

quarterly to discuss clinical care and management issues. Technical literature is also discussed at those meetings. NCD conducts refresher courses on clinical issues as needed.

India

- DSMC also has an elaborate system for supervising and supporting the peer educators. One supervisor works with 10-15 peer educators and one peer educator is responsible for communicating with about 50 CSWs. The supervisors and peer educators meet every morning to discuss critical issues. The role of the supervisor is to:
 - i) Help the peer educator problem solve issues that arise
 - ii) Act as a power broker with the power structures likely to cause problems: police, political parties, pimps, shopkeepers etc
 - iii) Respond to decreases in clinic volume by working with peer educators to discover possible causes.
- Calcutta Samaritans likewise has a system for supervising the work done, providing on the job training and gaining day to day information that allows them to track progress and discover problems.

Impressions/Recommendations (LLR 3.3)

1. *Encourage the NGOs to access the local HIV/AIDS workshops and conferences*
2. *Develop a process for NGOs to communicate about technical issues so that the specialty of one NGO may be learned by the others. Cross-visits or group discussions on commonly faced problems may be ways to address this issue.*

d. LLR 3.4 NGO FINANCIAL MANAGEMENT STRENGTHENED

External Audit

Zambia

- NCD does an external audit and follows up on recommendations.
- FOH will receive help from PCI/Z to them prepare financial systems that will enable them to move toward doing an external audit eventually.

India

The Indian NGOs are required by national law to undergo external audits and PCI/I assists the smaller NGOs to know how to prepare.

Integrated Budgeting and Program /Timely Financial Reports

Zambia

Both NCD and FOH integrate program and finance especially in the budget process. Their finance reports are accurate and timely and PCI/Z is working with them to upgrade their financial systems to capture all of the income they receive including local donations.

- NCD is receiving help from the field office to improve their finance system and write a financial procedure manual. The new system will include a process for tracking other income such as donations, income generation and cost recovery funds, and eventually community contributions. It is felt that monetizing community contributions is a way to help increase community pride and commitment to the Home Based Care program.

India

Most of the NGOs integrate program and finance around the budgeting process. Collaboration between finance and program is strong in the PCI/I office and they are encouraging the NGOs to do the same. Most of the NGOs are able to submit accurate and timely financial reports. Multiple donors do create reporting problems, however, most NGOs find PCI's requirements to be the easiest to work with.

- Calcutta Samaritans is working with PCI/I to develop a more transparent financial report. If it is successful, they will use it in their other programs. They have already generalized line item reporting developed for the PCI grant to their DFID grant. The Finance Director and Program Director exchange responsibilities periodically to ensure continued collaboration between program and finance.

Impressions/Recommendations (LLR 3.4)

1. *Both country offices are providing good basic financial management support and the NGOs are benefiting from it.*
2. *PCI/Z itself has little active collaboration between program and finance and so may not be prepared to help the NGOs expand their own program/finance collaboration.*
3. *PCI/I's program/finance relationships are particularly strong and they have been able to convey that message clearly to the NGOs we saw.*
4. *The changes PCI/I is helping Calcutta Samaritans with are interesting and could be expanded to other NGOs. Hopefully, decreasing the number of NGOs during this third year will make that more possible.*
5. *It would be helpful for both field offices to assist NGOs to develop financial systems capable of capturing information on local donations, cost recovery mechanisms, income generating projects and community contributions.*

e. LLR 3.5 NGO EXTERNAL RELATIONS EXPANDED

Networks with NGOs, Government and the Private Sector

In both countries the organizations are involved with networks of NGOs and government and are beginning to work with the private sector.

Zambia

In general in Zambia, there is collaboration between HIV/AIDS and OVC NGOs; however, competition for donor funds is causing cooperation to decrease especially at the national level. On a local level, however, networks and

coalitions are more possible and some, especially those focused on orphans and vulnerable children, are thriving. Involvement with the Ministry of Health happens as much as possible, although the Ministry has very limited human and material resources. There is some involvement with the private sector and that is increasing especially as HIV/AIDS significantly affects the workforce.

- NCD is an active partner in numerous networks and sees networking as part of who they are. They are leaders in the District Task Force, which includes representatives from government, community groups, private sector, and NGOs. They also initiated LARC, a network of small NGOs and CBOs working with community solutions to the orphan situation. The Ministry of Health is supportive both at a central level, by seconding nurses to the HBC program, and at a local level by giving office space, electricity, phone and minimal transport to the HIV/AIDS peer education program. The HBC program is founded on collaboration with area churches of all denominations that saw the need for a support system for AIDS patients, asked NCD for help and identified potential volunteers. The ongoing connection with the churches is not as strong as is needed and NCD is working with the community to restore their previous relationship.

NCD successfully negotiated a WFP (World Food Program) policy change that allows them to charge patients a small percentage of the value of the food they receive. NCD strongly believes that people maintain personal dignity when they contribute to their own care and survival. Previously, WFP had refused to allow for the cost recovery. PCI helped NCD develop a partnership with HELP, a European food aid organization, that allowed for cost recovery so that patients could receive the food they need. NCD returned to WFP, successfully demonstrated the benefits of cost recovery and negotiated the WFP policy change that allows them to indirectly charge for the food received. This will mean there will be dramatically more food available to the HBC patients and their families.

- FOH is involved in Orphans and Vulnerable Children NGO networks and is partnering with the Ministry of Health's local clinic to provide primary health care for children. They also are working with private businesses, schools, churches, farmers and local government to mobilize resources for sports equipment, food, a library, volunteers and other needs of the children.

India

Generally there is little cooperation among NGOs in India and much competition. PCI/I, however, is actively encouraging networks among the organizations they work with and many of the NGOs are responding. There are at least two coalitions of HIV/AIDS NGOs in the country, one in Calcutta with 50 member organizations and one in Mumbai with 60-75. The Government of India actually provides some financial support for grass roots services; however, it may take as long as 5 years to be awarded even when the Government is interested in the work

being done. They want proof that the organization can do that particular kind of program and so, the NGO must be already operating the program in the field before the Government will consider funding it. Involvement with the private sector is just beginning.

- DMSC is a network of CSWs and the former director established the NGO AIDS Coalition in Calcutta. They also established a national network of CSW in 1997 and are active members of the Asia-Pacific Network of Sex Workers with the secretary coming from DMSC. They are working to have their Self-Regulatory Board recognized by the government. This is particularly difficult but it would then move them toward recognition as a legitimate legal entity. They rely on their partnerships with the power structure to help them negotiate with the government and police officials to reduce the level of harassment in the red light districts.

DSMC sometimes forgets that it is also important to nurture relationships with other NGOs even though they see themselves as a CBO and sometimes feel antagonism from other groups.

- Calcutta Samaritans is part of the current leadership of the NGO AIDS Coalition and are working to strengthen that coalition. They also maintain good working relationships with local, state and national government and the Calcutta Samaritans' Director is on the Planning Commission of India at the central level. The Government provides some funding for the detoxification center and partners with them to deal with drug problems in unserved areas. In addition, they:
 - i) Have a partnership with Singer for a discount on sewing machines, a training curriculum and certification of students at the end of the course
 - ii) Network with other vocational schools so students have access to a variety of skill training
 - iii) Conduct sensitization workshops around HIV/AIDS and drug use for street level police officers
 - iv) Work with political leaders, professionals, health care personnel and youth clubs to stay connected with multiple levels of the community.

Program Reports

All of the NGOs are submitting their reports in basically a timely manner.

Impressions/Recommendations (LLR 3.5)

1. *In both Zambia and India, PCI has a strong commitment to encouraging and facilitating networks of NGOs and have been successful in helping that happen. They have chosen to work with organizations that are open to networking and have built on that openness.*

2. *Work with the private sector is just beginning and needs continual and creative encouragement.*
3. *It would be helpful if PCI/I, itself, would network more with other INGOs and IOs working in HIV/AIDS in order to access a wider network of State Of The Art information from India and be able to share that information and network with their NGO partners.*

f. LLR 3.6 INCREASED CAPACITY FOR ORGANIZATIONAL SUSTAINABILITY

Diversified and Increased Revenue Base

All of the organizations we met with have diversified funding and each reported increased revenue from last year. There are some NGOs in the India group that have a less diversified funding base.

Zambia

- NCD - Well over 50% of NCD's budget comes from non-US Government sources and the budget has increased again this year. The NCD printing shop prepares IEC (Information, Education and Communication) materials for internal use at a cost saving and earns income from outside contracts to support costs.

As mentioned in "LLR 3.5" above, NCD strongly believes that people maintain personal dignity when they contribute to their own care and survival. Patients now are paying 10% of the total value of the food they receive from the HELP food program and that money is available for community interventions. The scope of this program will increase with the addition of the WFP food.

The Multifunction Centers are income generation programs at the community level that use their earned income to cover the running costs of the center and enable AIDS patients to receive payment for the products they produce. PCI is helping NCD develop a financial procedure that will capture all incoming funds including donations, cost recovery, income generation and community contributions.

- FOH has multiple funding sources, but at this point, the majority of their funds come from the US Embassy and USAID. Their budget is increasing annually and a major priority is to access funding to support core costs and programming consistent with their mission. They currently receive funding and program resources from the Zambia Brewery, various religious organizations, an architectural firm, farmers, building suppliers, the International School and WFP.

India

- DMSC's budget is increasing annually as is their programming and the great majority of their funds come from non-US government sources. With PCI/I's encouragement, they instituted a cost recovery program for the sale of

condoms by Peer Educators that is charging 1.5 rupees for five condoms as opposed to two rupees on the open market. They are distributing 70,000 condoms a month, 30,000 of those were distributed free. In August they changed their policy and stopped free distribution, except for clinic patients. The CSWs are now buying the condoms they received free in the past and the distribution numbers remain at 70,000 per month. Clients at the periurban health clinics are paying a minimal fee for each visit, also with the encouragement of PCI/I, and on January 1 the policy will include the urban clinics.

- Calcutta Samaritans' funding is increasing and most of their funding comes from non-US Government sources. A significant portion of the funding for the detoxification center comes from the Government of India, much of the rest of it comes from donations from more wealthy clients for services at the center. The Government also pays CS for training government drug treatment staff. CS receives funds from the EU and other donors, local donations of funds and services, and cost recovery on the PCI/I funded lab services. The lab charge covers staff, electricity and supply costs. The vocational rehab center print shop produces CS's IEC materials at a lower cost and takes orders from businesses and the general public, generating operational funds. CS is starting a drivers education program for clients and will also provide training to the general public for a fee. Since they have just initiated cost recovery programs, minimal fees are charged for clinic services and for condoms.

Programs Guided by the Needs of the Constituents

Each of these NGOs is deeply involved with their constituencies. In several cases they are the constituency. The programming they develop is State Of The Art (SOTA) because they are solving the real problems that exist at the most basic levels. From those solutions the theory is developed.

DOTS, the current SOTA treatment used for tuberculosis (TB) is a solution that grew directly out of a community-based program that solved a real problem they faced daily. A group of community volunteers and a nurse in the NCD Home Based Care Program were concerned that many AIDS/TB patients were not completing their TB treatment program. They did a small survey to determine the reasons and discovered that an inability to deal with the health care system was at the core. They talked with the MOH District TB Officer and she agreed to provide the HBC program with medication. The volunteers and nurse agreed to be sure that the patients got their treatment. They eventually determined that supervising the patient taking the drugs daily through home visits was the best way. A WHO delegation happened to visit, saw what was being done, realized the importance of this new intervention and named it DOTS. Now DOTS is being used worldwide to address the increasing problem of TB secondary to HIV/AIDS infections.⁷

⁷ NCD Annual Report Integrated AIDS Programme, 1 July 1996-30 June 1997, *TB-DOTS Annual Report*.

Impressions/Recommendations (LLR 3.6)

1. *Cost recovery can be very effective but a demand must first be created and then small charges can be initiated before cost recovery can be introduced.*
2. *PCI/I's main focus is on helping the NGOs gain financial sustainability and are strong advocates for beginning or expanding cost recovery programs and income generation projects, as well as developing other donors.*
3. *It would be helpful to develop ways for NGOs to share fundraising successes and difficulties as well as program innovations.*
4. *All of us: PVOs, governments, donors and consultants, need to focus more energy on identifying and documenting the innovative ways NGOs are solving the problems they face in the field and on helping them share those interventions with their peers in such a way that the ideas can be received and used.*

g. LLR 3.7 - INCREASED TECHNICAL CAPACITY OF NGOs IN AREA OF HIV/AIDS

HIV/AIDS Training Activities Participated in and Implemented

Zambia

- NCD staff participated in two training activities:
 - i) HIV/AIDS Psychosocial Counseling
 - ii) Basic Nursing Care for the Chronically Ill

And delivered five different training activities:

- i) Basic Facts about HIV and AIDS
 - ii) HIV Prevention
 - iii) HIV Testing and Counseling
 - iv) Nutritional Needs of PLWHIV
 - v) HIV Transmission
- NGO staff attended the ICASA conference in Lusaka this year

India

- One representative from each NGO participated in three training activities:
 - i) HIV/AIDS Basics
 - ii) Counseling and Support
 - iii) HIV/AIDS Counseling Care & Support

The NGOs delivered considerable training to their peer educators, supervisors, constituents and staff on numerous subjects including these and many others:

- i) Condom Social Marketing
 - ii) IEC materials
 - iii) STD Training Module Development
 - iv) Condom Distribution Logistics
 - v) HIV/AIDS Basics
 - vi) Medical & Psychosocial Aspects of HIV/AIDS
- PCI/I used the trainings to help non-HIV/AIDS NGOs integrate HIV/AIDS interventions into their ongoing programming.
 - The more established NGOs attended the Asia-Pacific AIDS Conference.

Training of Trainers

Zambia

NCD received “Participatory Training Skills” through the HELP partnership and are scheduled to receive a TOT next year.

India

PCI/I is not reporting on this indicator.

Impressions/Recommendations (LLR 3.7)

- 1. Training is an effective way but just one way to increase technical capacity. Other ways might be: learning directly from successful programs in the field, discussing the problems you face with people who are trying to deal with those same problems, attending conferences where the issues are discussed and people from a broader area also attend, and accessing internet and other information sources.*
- 2. Many of the NGOs PCI is working with are doing State Of The Art work in their particular aspect of HIV/AIDS. One of the challenges before PCI is to figure out ways to enable all of the groups to learn from each other.*

h. LLR 3.8 INCREASED TECHNICAL CAPACITY OF NGOS IN AREA OF INFORMATION, EDUCATION AND COMMUNICATION

IEC Materials and Activities Development and Use

Zambia

- NCD is continually developing, adapting and producing IEC materials and activities for use in the field. Their prevention program works with school children to develop dramas produced for the community regarding HIV/AIDS. There is ongoing work with parents, church groups, army barracks and large companies using IEC materials to communicate HIV messages in many different ways. They are able to print materials they adapt or develop in their own print shop.

HBC volunteers are more and more interested in working with families of patients and the patients themselves to increase an understanding of the implications of this disease. They are using the IEC materials as is a newly formed patient group.

India

- DMSC has a field coordinator in charge of IEC material and activity development. That person works with the supervisors and peer educators to continually field-test new materials and make the necessary modifications with them. The most popular piece of written material is a pocket sized photo brochure of the end results of the most common STDs. The peer educators use it to help CSWs and clients make the connection between symptoms they may have had or know about and the disease consequences. This piece is a

strong motivator for CSWs and their clients to seek care for STDs at the clinic.

Komal Gandhar is the cultural arm of DMSC. They present health promotion and disease prevention messages in dance and music. They have found that the messages, when conveyed in the familiar cultural forms of dancing and singing, are remembered and understood whereas before, when only IEC materials were used, there was limited impact.

They also run a HIV/AIDS HotLine as an anonymous way to give information to people not able or willing to come to the clinics. Some of the callers are male boarding school students afraid they may have picked up AIDS from having sex with younger boys.

- Calcutta Samaritans Core staff develop training materials for peer educators such as talking doll puppetry. They feel they need an IEC department to help them develop new materials and adapt materials from other organizations. They feel they are doing a fair job but want help to do more.

They do have their own print shop and that enables them to produce the materials at a reasonable cost.

Impressions/Recommendations LLR 3.8

1. *Some organizations still have a need for assistance with their IEC development. It may be possible to utilize the expertise of other organizations that are doing similar work. It probably will be necessary to bring in a IEC resource person to help those organizations still needing assistance.*
2. *Access to IEC resources may be one of the many benefits to PCI networking with INGOs and IOs in the region.*
3. *IEC materials developed in PCI programs need to be sent to other PCI countries to give them ideas for adaptation*

i. LLR 3.9 COMMUNITY INVOLVEMENT REGARDING HIV/AIDS INCREASED

Involvement with the Community

All of the NGOs we saw either “were” the community or were nearly inseparable from the community.

Zambia

- NCD’s home-based care program began because community church groups came to NCD with an identified need they couldn’t continue to meet alone. They worked with NCD to develop an appropriate intervention and identified community members who might want to be volunteers. Parts of that relationship continue. NCD has just completed some research to determine what motivates the volunteers and has discovered that their connection with the original church groups is not always strong enough to provide them with

the level of validation they need to feel appreciated at the community level. They are now working with both the volunteers and the churches to develop an ongoing feedback process that, they hope, will be the first step in strengthening that bond.

- FOH – One of FOH’s strengths is that they deal with the street kids on their own terms and so are able to form relationships with individual children that eventually enable kids to make new decisions about their lives. Some of the outreach workers are older street kids themselves. On the one hand FOH is connected to the children on the street and on the other they are seen by the city as a group who will help them deal with this growing problem.

India

- DMSC is “the community” and they run the show. The excitement in that organization at this time is that their new director comes from their world. The opinions of the CSWs have always been paramount to the project even in its early years, and now it is even better since their leadership knows first hand what their world is about. A year and a half ago their membership was 15,000; now it is 40,000. A group of 34 peer educators were just promoted to be supervisors, another step in the process of the community assuming responsibility for running the whole program.

The Central Committee (CC) acts as a backup to the branches (organizations in the red light areas.) The philosophy is that the branch must always take the first step to solve a problem. One CC member attends each branch meeting every week and is there to give ideas if needed. If there is a severe problem, people from the CC will come to show support but the solution lies with the branch. The goal is to “help the branch find their own power.”

PCI/I funded their Annual General Meeting in August. During the AGM, the meeting participants marched on the Bangladesh High Commission in protest of violence against CSWs in Bangladesh.

- Calcutta Samaritans is an organization staffed in large measure by people who have turned their lives around due to the creative programs developed at first by the founder/director and then by those who came after. Many of the staff were drug addicts and their connection to and empathy for addicts remains strong. They also have built strong relationships with the decision-makers in the city and the neighborhoods. They convene meetings of what they call “Community Key Informants” (youth clubs, politicians, professionals, health care professionals) to discuss the issues they see in their communities and how they might be dealt with.

Impressions/Recommendations (LLR 3.9)

1. *It is possible that some of the other NGOs PCI/I is working with may not be as connected to the community as the ones we saw. If so, it makes sense to create opportunities for the strong community based NGOs to function as resources and for PCI to encourage discussion among all of them on the most challenging issues.*
2. *These NGOs have a lot to teach each other, donors, PVOs, governments and others about working in the community. We don't really know how they make it work so well. It may be worth more study. We do see that they are very effective links between the two worlds of donors and the grassroots community the donors are trying to impact. When they are strong and have the needs of the community as their priority, they are extremely effective advocates for the community with the much more powerful donors. If their concerns are addressed, they can help ensure that the interventions implemented are sustainable.*

3. Lessons Learned

PCI field offices are in the process of learning many lessons from this MG.

Some of those lessons are becoming clear, such as:

- How to identify appropriate NGOs for collaboration
- Developing a process for delivering capacity building interventions
- How to encourage NGOs to develop income generation and cost recovery mechanisms.

Other lessons are ideas more than lessons at this point:

- The importance of documenting what you do and why you do it
- How to make the most of the limited resources available for capacity building
- What are effective intervention strategies and what makes them effective.

This third year gives the field a chance to articulate what they have learned and gives PCI a chance to begin to make those lessons available to the larger organization.

4. Effectiveness of Models, Approaches or Assumptions

- The DMSC model for organizing commercial sex workers is remarkable. The pride in their eyes is all that is needed to know that something wonderful is happening. They are doing studies to try to understand better how and why they are successful. However, as yet they have made little attempt to replicate the project in another part of India. Their former Director has been asked by the Government to help with an attempt to replicate the project and PCI/I is talking with both DMSC and CCDT (Committed Communities Development Trust), one of PCI/I's Partner NGOs working in Mumbai, about possible collaboration. CCDT has already mapped some of the red light areas and has begun interventions in two of them. The HIV prevalence rate is more than 50% among the CSWs in Mumbai and the city is seen as a major priority for intervention.

- Each of the NGOs we saw is doing work that is worthy of being called a “Model” for other local NGOs, INGOs and governments, and is fertile ground for studies to document effective field level interventions and gather information for possible adaptation and replication. PCI has been involved with these organizations for only 12-18 months and so has had limited influence on the development of the individual programs. PCI is already working with them to assist in the creative evolution of their programs over the next year.

NCD’s Home Based Care Program is already being used as a guide for other NGOs and, hopefully, with PCI/Z’s input this year will be able to be a mentoring organization in a more proactive sense for many others.

Fountain of Hope also is in the process of developing a model. They are a much younger organization and are just developing the interventions that eventually could be replicated. They are, however, already beginning to develop activities in another population center for street kids.

DMSC may work with CCDT to adapt their model to another, very different, city in India. They are aware that the forces influencing the sex trade in Mumbai are not the same, that the HIV prevalence rate for CSWs is 10 times greater than in Calcutta and that what they are attempting to do is never easy. However, they are a major source of hope for addressing HIV/AIDS in the sex trade in India.

Calcutta Samaritans’ Railway Platform Project sees things in a very different way by addressing the platform as a community of marginalized people and developing interventions to meet the many and varied needs represented there. This project, also, is fairly new and is still evolving.

5. Major Issues/Recommendations

1. *Good thinking is happening in these NGOs but they do not have a way to engage their peers in discussions about the issues they all grapple with. PCI could provide a forum for partner NGOs to come together to discuss and share ideas (not necessarily directly what they are doing but the thinking and struggles behind their decisions). Many issues would lend themselves to forum discussions:*
 - *Technical issues such as: how to adapt successful interventions to different situations or parts of the country, what are ways of working with CSWs, with men who are having sex with men, reducing the stigma of HIV, empowering AIDS patients*
 - *Development of IEC interventions and sharing materials developed*
 - *Development and problems with MIS systems*
 - *Sources of technical resources*
 - *Income generation and cost recovery strategies, successes and difficulties.*
2. *When HQ comes out to work with the field offices on the MIS, they also need to be sure the field offices know how to proceed in helping the NGOs begin to improve their MIS systems.*

3. *It is important for program staff to be available to NGO leadership to help them resolve difficult organizational issues as they arise.*
4. *It would be helpful for both field offices to continue to assist NGOs to develop financial systems capable of capturing information on local donations, cost recovery mechanisms, income generating projects and community contributions.*
5. *PCI/I needs to significantly decrease the number of organizations they partner wit. They have decided to work with 6-8 for the third year of the grant; strategically choose organizations that have innovative programming and are interested in help with their capacity building; and increase the intensity of the interventions.*
6. *These NGOs have a lot to teach each other, donors, PVOs, governments and others about working in the community. The development community doesn't really know how they make it work so well and it may be worth more study. We do see that they are very effective links between the two worlds of donors and the grassroots community the donors are trying to impact. When they are strong and have the needs of the community as their priority, they are extremely effective advocates for the community with the much more powerful donors. If their concerns are addressed, they can help ensure that the interventions implemented are sustainable.*

6. Likelihood Objective Will be Met by End of Project

In the narrow sense of the original indicators, IR3 will be met by the end of the project. Fortunately the activities in the field were not entirely limited by the indicators and considerably more will probably be achieved. Again, the extent to which the achievements will exceed the indicators depends, at least in part, on how the field offices respond to the inputs from headquarters and to collaborating with their peers to institutionalize the lessons they have learned.

OVER-ARCHING ISSUES

A. PROGRESS TOWARD SUSTAINABILITY	
<ul style="list-style-type: none"> • Program elements to be sustained • Achievements to date • Prospects for post grant sustainability 	<p>Central level discussions regarding PCI's definition of sustainability are currently in progress. The work of the grant focuses on strengthening the core organization of the NGO. As that strengthening is institutionalized, it is sustained.</p>
<ul style="list-style-type: none"> • Resources generated • Cost-recovery mechanisms • Local level financing • Other approaches to generate resources 	<p>Headquarters is working to develop US based donors to support country level programming. Individual countries are working to access local sources of funding with varying degrees of success depending of the country. Each NGO is recovering some of their costs and/or mobilizing local resources. All NGOs are developing income generation projects at various levels. The percent of budgets currently covered by locally generated funds varies widely from NGO to NGO.</p>
B. STATUS OF STRATEGIC PARTNERSHIPS	
<ul style="list-style-type: none"> • Range of partners 	<p>PCI's primary partners are the NGOs. The NGOs have partnerships with local, regional and central government, churches, businesses, communities, other international and local NGO, and their beneficiaries.</p>
<ul style="list-style-type: none"> • Assessment of partner relationships • How program assesses quality and scope • Impact of partnership on program 	<p>Field offices feel the relationship they have with their partners is the foundation for any work they can do. They maintain open lines of communication and attempt to resolve any miscommunication that comes up. They attempt to be available to their partners and find that takes more time than they thought. The field offices know the relationship is sound</p>

<ul style="list-style-type: none"> • Change in capacity of local partner • Effects of training or resource transfer on capacity of local partners • Local level partner satisfaction with partnership • Interface and communication among field and partners effective 	<p>when partners come to them with problems either within the organization, with other institutions or with PCI itself and are open to discussing and resolving those problems.</p> <p>NGOs in the field are trying new interventions, solving the problems they encounter as they implement programs and so are a rich source of information and experience for the field offices. Field offices are able to share that learning with other organizations.</p> <p>Partners and field offices describe their relationships as productive with reliable communication systems. Partners are quick to commend PCI on their ability to listen to the partner's issues and assist them with problem solving.</p> <p>Further information on the effects of the MG follows this chart</p>
<ul style="list-style-type: none"> • Partners have access to email/internet 	<p>Partners do have access to the internet and use it for accessing information as well as communication. However, the Internet in both Zambia and India is unreliable. The President of Zambia considered declaring a National Emergency early in November because "zam.net" was down all across the country.</p>
C. CHANGE IN MANAGEMENT CAPACITY	
<ul style="list-style-type: none"> • Strategic approach and program planning: • Changes in PCI's capacity for critical and analytic thinking re: program design and impact. 	<p>There have been significant changes at PCI HQ over the past year, the most significant being hiring a new CEO. The overall impression is that PCI is a dynamic organization recently making institutional changes essential to achieving the objectives of this grant. Within the past few months, they have made the institutional changes necessary to correct difficulties in relating to the field and are beginning to address the issues at hand in concrete ways. The major effects of those changes are just beginning to be felt in the field offices.</p> <p>The restructured Program Operations and Development Department is PCI's response to the historical difficulty in effectively overseeing field offices, accessing foundation funds, supervising HQ program staff and focusing staff energies on priorities. This new</p>

	department has evolved over the past year and a half.
<ul style="list-style-type: none"> • Status of recommendations from initial assessment – August 1997 	<p>PCI addressed the majority of the issues raised in the '97 assessment in the DIP and they are reported on in the body of this document. Some of the recommendations were specific to the countries and programs in place at the time of the assessment and are not applicable to the current programming. Specific information on the recommendations can be found in the Background section of this report's Overview.</p>
<ul style="list-style-type: none"> • Changes in HQ capacity to: manage the planning process, • Address over-arching issues, organizational development, financial planning & development. • Use program results for US public outreach. 	<p>Much of PCI's energy over the past two years has been on addressing the over-arching issues and realities hindering them in accomplishing the objectives of this grant as rapidly as they anticipated. They have reorganized their program department and have had a change in leadership. They are currently in the midst of a Strategic Planning process involving the entire organization.</p> <p>The Resource Development Department has developed extensive information materials for donors and potential donors discussing programmatic accomplishments and funding sources.</p>

<ul style="list-style-type: none"> Monitoring and Evaluation: Capacity of PCI to monitor program performance and measure impact. 	<p>PCI has moved from being an organization that delivered capacity building in a very adhoc fashion to one that is working toward institutionalizing a systematic approach. Capacity building approaches are evolving in the field and being institutionalized there. PCI sees the next step as bringing those techniques to headquarters and working with field staff to create an institution-wide approach. They understand capacity building and the transfer of skills to their local partners to be their main objective.</p> <p>Baseline assessments are conducted with each NGO that is part of the project and in some instances, with all organizations a field office works with. Repeat assessments are scheduled.</p> <p>A M&E staff person has just been hired at the central level to work throughout the organization and to coordinate with the MG. They see the major work of the next year as beginning to put a credible M&E system in place in the MG program and to begin to address the issue organization wide.</p>
<ul style="list-style-type: none"> Financial Management: Monitoring systems in place, Leveraged additional resources beyond the match Estimating the cost effectiveness of the program. 	<p>Financial monitoring systems are in place and are expected to improve with the addition of a Chief Financial Officer starting in February 2000. Resources beyond the match have not been leveraged. They are not able to estimate the cost effectiveness of the program at this time however field offices are working toward developing that estimate.</p>
<ul style="list-style-type: none"> Information: Utility and timeliness or required reports, HQ public outreach activities. 	<p>Reports are on time. The M&E initiative in this next year will focus on improving the effectiveness of both the reports from the NGOs and reports from field offices.</p> <p>Major work is done by RDD to inform PCI's donors and potential donors of the work that is being done in the field. As RDD increases its fundraising efforts, the information communicated will increase in both volume and variety.</p>

<ul style="list-style-type: none"> Logistics 	NA
<ul style="list-style-type: none"> Supervision: Sufficient staff with appropriate technical and management skills to oversee program activity. 	The Program Operations and Development Department was restructured to respond to historical difficulties in effectively overseeing field offices, accessing foundation funds, supervising HQ program staff and focusing staff energies on priorities. The most recent change was to create two Regional Program Director positions, more changes are being considered to further improve program oversight.
<ul style="list-style-type: none"> Human Resource Development: Assess and address staff training needs, Strengthen PCI and local partners' professional/technical capacity. 	An unsuccessful attempt was made by HQ to assess the field staff training needs, field offices are identifying staff needs individually. Recommendations for future training came out of this MTE. Plans are being made to address this issue further in the third year of the grant. The fieldwork focuses on increasing the capacities of the NGO partners.

D. EXAMPLES OF THE EFFECTS OF MATCHING GRANT INTERVENTIONS

1. NCD - Zambia

NCD's AIDS Department has a technically excellent program. In 1999 it was written up in the "Strategies For Hope" series – *Under the Mupundu Tree*⁸ as a model community based home care program for people with AIDS and TB. The program in field provides needed services to 6000+ AIDS and TB patients in 25 shanty towns through 11 community based home care programs. They have a good supervisory system for the 700 volunteers who are helping patients live longer, assisting dying parents in providing for their children, reducing the stigma attached to AIDS, improving the quality of life of the patients, and doing prevention education.

The program is not strong enough institutionally to be a center where other organizations can come to learn how to do a HBC program nor can they go to other organizations and help them adapt the program to their own area. They have the potential to be a mentoring organization and be even greater asset for Zambia and in the battle with the AIDS epidemic.

Before PCI/Z became involved directly with the program through the Matching Grant, there was no Zambian program leadership although the need was identified. The program in the field was going well, but the leadership was aware that they needed someone to more closely monitor its progress and work with the volunteers and communities to strengthen those ties. The MG paid for half of the salary of the Assistant AIDS Coordinator who is responsible for the day to day operations of the program. The new Assistant AIDS Coordinator came to the position with strong clinical skills and experience with HIV/AIDS and counseling experience but had limited organizational skills. PCI worked with him to develop the skills he needed to oversee the program.

Now, after 18 months of working with PCI/Z, the Assistant AIDS Coordinator is able to identify where he and the organization need help and asks for that help. He recognizes that there is a problem with the volunteer-communities relationship and is working with the volunteers and churches to help them rebuild their relationship and therefore their support. He is also beginning to understand how to plan and design projects. The AIDS Department is working with a network of small NGOs and CBOs that are helping communities figure out how they will deal with the increasing number of children in their community without parents. He knows that these NGOs and CBOs also need to learn how to plan and design projects and wants to facilitate workshops for them if PCI will just help him with the first one.

The Assistant AIDS Coordinator is now stronger in his position and is beginning to take on a management role not only within the organization, but with the other organizations

⁸ Blinkhoff, P., Bukanga, E., Syamalevwe, B., and Williams, G., *Under The Mupundu Tree, Volunteers in Home Care for People with HIV/AIDS and TB in Zambia's Copperbelt*, Strategies for Hope Series No. 14, ACTIONAID, Hamlyn House, Macdonald Road, Archway, London, UK, 1999.

they are working with. Having a Zambian in this role makes the program more sustainable and more effective. The work this next year will be to help him build confidence and to help the AIDS Department develop as a mentoring organization to share their model with others.

2. DMSC - India

DMSC is a community based organization of 40,000 CSWs in and around Calcutta organized in 1995 and growing out of the Sonagachi Project which is only working in Calcutta itself. DMSC has 300 Peer Educators working in approximately 36 red light districts throughout the Calcutta area helping CSWs understand the importance of: treating STDs, using condoms to help prevent HIV/AIDS and developing self esteem and control over their lives. They run health clinics in the red light districts, literacy classes for CSWs and their children, STD clinics for the clients of CSWs, negotiate with the police and government officials to reduce harassment and sell condoms door to door. Condom use has gone from 2.7% before the Sonagachi Project began to 69.3% in '94 and 90.5% in 1998. The STD prevalence rate is 14.3% and the HIV rate in the red light districts of Calcutta is 5.53% as opposed to 50% in Mumbai.

Sonagachi began as a Government project through the Institute of Hygiene, became an NGO and now, as DMSC, is a CBO. From the beginning of the project, the involvement of sex workers at a decision making level was seen as key to making the project a success. The ultimate goal is to transfer organizational leadership into the hands of the CSWs.

DMSC is going through major leadership changes. In May of 1999, the charismatic founder/director began moving to an advisor role. The son of CSW was appointed Director in July of '99. The membership see the changes as signs that DMSC is moving toward their vision of the membership taking over operating the project at some time in the future.

The former leader was creative and charismatic but had little interest in establishing strong organizational systems and processes; the new Director is interested in translating the creativity into organizational stability. He is focused on the need for institutional strengthening but has had little experience in running an organization especially one as large and complex as DMSC. Both he and the membership are aware that they need to strengthen the organization in order for it to function without the leadership of the founder/director and if they eventually intend to transfer management to the membership.

PCI/I, through the Matching Grant, has been working with the new Director and the elected officers to help them begin to develop the systems and processes that will strengthen the organization. The Strategic Planning Workshop was a major step in that process. Everyone is aware of how challenging it is for an organization to move beyond a charismatic founder/director. This next year will be key both in realizing the effect of the MG and in DMSC's transition process.

ANNEX A

PEOPLE INTERVIEWED

LIST OF PEOPLE INTERVIEWED

PERSON INTERVIEWED	POSITION	ORGANIZATION
USAID/BHR/PVC		
Peggy Meites	Results and M&E Specialist	USAID/BHR/PVC
Claudia Alfonso	Program Officer	USAID/BHR/PVC
San Diego		
Paul Thompson	President/CEO	PCI
David Prettyman	PODD Regional Director	PCI
Susan Gearon	Monitoring and Evaluation Officer	PCI
Karen Romano	Program Officer	PCI
Patty Keegan	Human Resources Officer	PCI
Mark O'Donnell	Deputy Director of Development	PCI
Ruth Goulding	Interim Controller	PCI
Jennifer Yourkavitch	Assistant Program Officer	PCI
Chris Bessenecker	PODD Regional Director	PCI
Uli Imhoff Heine	Director of Resource Development	PCI
Zambia		
Robert Clay	Director - Population, Health and Nutrition	USAID/Zambia
Karen Shelley, PHD	Technical Advisor – HIV and Child Survival	USAID/Zambia
Barbie Rasmussen	Country Director	PCI/Zambia
Mike Sinyinza	Grants Manager, Matching Grant	PCI/Zambia
Masauso Nzima	Deputy Country Director	PCI/Zambia
Brenda Muhyila	Grants Manager, OVC	PCI/Zambia
Yvonne Mulenga	Program Assistant	PCI/Zambia
Thoko Mwase	Field Accountant	PCI/Zambia
Dr. Mara	AIDS Coordinator	NCD
Chanda Fikansa	Assistant AIDS Coordinator	NCD
Isaiah Bukanga	Prevention Activities Coordinator	NCD
Sister Jacinta	Coordinator and Nurse	Chipata Compound Clinic & HBC Program
Ms Rhoster	Nurse	Chipata Compound Clinic & HBC Program
Mr Banabas Melinga	Volunteer	HBC Program
Eleven Volunteers	Volunteer	HBC Program
	Director, Multi Function Center	NCD
Rodgers Mwewa	Director	Fountain of Hope
Weber	Coordinator	Fountain of Hope

Emmanuel Mukanda	Outreach Coordinator	Fountain of Hope
Ibrahim	Coordinator	Fountain of Hope
Masiliso Martin	Coordinator	Fountain of Hope
Beatrice Chola	Founder/Director	Bwafwano
India		
Victor Barbiero, Ph.D. MHS	Director, Population, Health and Nutrition	USAID/India
Vathani Amirthanayagam,	Population, Health and Nutrition Officer	USAID/India
N. Ramesh	Project Development Specialist	USAID/India
Henry Alderfer	Country Director	PCI/India
Rajesh Ranjan Singh	Program Manager	PCI/India
Asha George	Assistant Program Manager	PCI/India
Indrani Mirajkar	Resources Development Manager	PCI/India
Sanjay Chopra	General Manager	PCI/India
Dr. Sharma	Consultant (Water & Sanitation)	PCI/India
Mrinal Kanti Dutta (Bachhu)	Project Director	DMSC
Sudipta Biswas	President	DMSC
Bharati Dey	Vice President	DMSC
Sudeshna Banerjee	Counselor	DMSC
Sudhangshu Chakraborty	Senior Field Coordinator	DMSC
Kalika Prasad Bhattacharjee	Coordinator	DMSC
Mandinee Bandyopadhyay	Volunteer Consultant	DMSC
Sandhya Singh	Peer Educator	DMSC
Shama	Peer Educator	DMSC
Sademe Shama	Peer Educator	DMSC
Rota Bishwas	Peer Educator	DMSC
Vijayan Pavamani	Founder/Director	Calcutta Samaritans
Mahesh Nathan	Assistant Director	Calcutta Samaritans
Collin Fitzgerald	Financial Administrator	Calcutta Samaritans
Sopin	Field Worker	Calcutta Samaritans
Anubha Philips	Project Coordinator	Calcutta Samaritans
Beena Nathan	Administrator	Calcutta Samaritans
Aloka Mitra	Chairperson	WIF
Nilima Dutta	Program Manager	WIF
Indonesia – Phone Conversation		
Carol Carp	Country Director	PCI
Palupi Widjajanti	Capacity-building Specialist	PCI

ANNEX B

PCI/INDONESIA NARRATIVE REPORT

**PCI/Indonesia Matching Grant:
Positive Developments and Constraints
November 1999**

A. PCI/Indonesia: Positive Developments and Constraints.

1. Human Resource Capacity

At the start of the CBI project, permanent PCI Indonesia in-house staff consisted of the Finance Manager, Country Director, and a Senior Program Officer/Physician with expertise in STD's. Under the CBI project, PCI hired a Senior NGO Capacity Building Specialist (40% time), a Junior Program Officer with experience in health and welfare NGO work, a Human Resource Capacity Strengthening Specialist (part time), and an experienced Grants Manager in finance. With funding from other donor sources during this same two year period, PCI also hired an additional senior medical person with expertise in epidemiology, a Capacity Building Program Officer, two public health trained Junior Program Staff, a lawyer with expertise in NGOs, a junior physician and a Deputy Director with extensive experience in health development and NGOs. (All members of PCI Jakarta staff are Indonesians except the Country Director). Thus, staffing capacity was strengthened enormously, and includes a broad range of diversified skills. (An interesting aside on the aspect of staff who work on this project part-time: the CBI program manager also works 20% time on PCI's HAPP grants and 40% time with the Asian Child Welfare Foundation. While there are obvious detriments to this situation, unexpected benefits included cross-fertilization of ideas and information between the projects and organizations. Through her work with the Asian Child Welfare Foundation, the program manager enriched many PCI programs with statistics, information, useful individuals and organizations, etc. regarding health and nutrition needs and projects for children).

At the same time, there are specific areas of expertise which are important and are lacking among PCI program staff, specifically there is a need for a training specialist and someone with IEC expertise. The workload for CBI project staff has remained a problem, despite a reduction in the number of collaborating NGOs. In May of this year, PCI ended its relationship with one of the three CBI NGOs, Sintesa, due to ethical problems and misappropriation of funds and thus has only been working with two NGOs since that time. Recently, PCI contacted two new NGOs in Jakarta to begin supporting them under CBI. However, given the intense workload prior to May demanded by working with three NGOs in separate geographic regions, and the high needs of the NGOs, it became clear that in addressing the needs of the three original NGOs, staff capacity had been overstretched. For this reason, PCI selected two new NGOs which are geographically close and which do not require such a high level of technical assistance.

A constraint characterizing Indonesia at the current time is the lack of individuals qualified in capacity building skills in the NGO sector. For this reason, for example, the human resource specialist hired by PCI for the CBI project comes from the for-profit sector, and has been trained by PCI in NGO capacity building. Indeed, there is currently a recognized "competition" among IPVO's working in Indonesia in NGO capacity building in regard to finding staff members with this expertise.

2. Collaborative Planning, Monitoring and Evaluation of Projects with NGOs

A participatory needs assessment in the form of a workshop with the three collaborating NGOs took place at project start-up. In addition, during on-site visits by PCI technical and financial staff, intensive collaborative planning and informal evaluations were conducted. This collaboration is extremely important, although very time-consuming, not only to produce projects which most realistically identify and meet the needs of the populations served by the NGOs, but also as a form of training for the NGOs, who, in general, came to the project with very weak planning skills. PCI/Indonesia's monitoring and evaluating tools are of a high quality. Most were already developed during the early EPOCH Project (which had similar activities as the CBI project) and then were adapted and improved.

Flexibility in planning activities is imperative in development work, particularly in Indonesia during the past two years which have been characterized by massive political and economic disruptions and changes. An example of flexibility applied in planning is shown in working with one of the NGOs, Utama, to change its target population from that of the original proposal (oil workers) to the more appropriate group of commercial sex workers, with whom Utama already had programmatic experience.

3. Medical Technical Assistance

Technical Assistance (TA) in capacity building was of an extremely high quality and was provided on a regular basis. TA to NGOs in HIV/AIDS programming was primarily provided by consultants, due to the inability of PCI's senior (Chinese) physician to travel. This was especially true during the period of political turmoil last year, much of which was targeted to Chinese populations. Additional public health technical assistance was required. However, because of the recent hiring of permanent medical and public health staff in the Jakarta office, providing this assistance should improve. At the same time, the on-going violence in Maluku, the site of one of the CBI NGOs, LPPM, has hindered staff from providing LPPM with planned technical assistance, since January. For part of this period, there were no longer flights to and from the airport, and security considerations continue to limit visits from staff. This has forced PCI staff to conduct TA via telephone and e-mail, which do not present as effective channels of communication as direct visits.

4. Staff Development

Collaborating NGOs were encouraged in their grant budgets to establish a line item for staff development and all NGOs made use of this opportunity. PCI/Jakarta, however, did not use funds available for its staff development, either for formal or informal training or for "learning visits" in other countries. A needs assessment for staff training needs was also not conducted. Such training would be extremely important in several different areas including HIV/AIDS project planning, IEC materials development and strategies, and financial sustainability issues.

5. NGOs Financial Sustainability

Accessing funds to continue donor-funded activities is a critical problem for NGOs in Indonesia. For this reason, PCI Indonesia provided each NGO with a specific sum, apart from their sub-grants, to develop an income generating project which can contribute to sustaining their HIV/AIDS projects after end of the CBI grant. PCI also provided NGOs with significant technical assistance (through consultants) in the developing and implementing of these projects. An additional need surfaced in regard to the importance for NGOs of acquiring financial support. The three NGOs all requested PCI to "represent " them in Jakarta, to act as a contact with mainly Jakarta-based donors and to keep them advised of funding opportunities as well as conferences and other donor services. Donors also frequently contact PCI to ask to identify for them possible NGO collaborating partners, often in regard to a specific geographic region, and seek from PCI recommendations on an NGO which has solicited funds from the donors.

In summary, PCI played a strong role in facilitating communication between NGO's and donors, and in supporting NGOs' needs for funds to sustain activities.

This remains however a serious problem for CBI NGOs. In general, NGOs mainly think of resource mobilization in terms of soliciting funds from international development donors and therefore are limited in their understanding and creativity in identifying and mobilizing resources from other sources. They also have shown a great deal of misunderstanding in regard to other related mechanisms such as revolving funds, fee-for-service schemes, etc. PCI has recently received funds from the HAPP project (FHI with USAID funds) to develop an in-house capacity to address some of these financial sustainability needs with HAPP NGOs.

6. Resource Center/Materials Acquisition and Distribution

During the past years PCI Jakarta has both collected and distributed a great deal of written information to NGOs in the areas of capacity building and HIV/AIDS programming. Unfortunately, much of this information is in English, which is not always useful to all NGO staff. In addition, although the materials collected are filed according to categories, PCI Indonesia has not yet had the time or staff to input these materials in the new system developed by PCI headquarters for all its country offices. PCI's collection of materials, which have been collected over the years, is extremely wide-ranging but still requires cataloging and continual review and updating, which probably would require the work of a staff person at least half-time.

7. Development of Matching and Other Funds for Implementing HIV/AIDS Projects.

PCI has been successful in accessing funds for a number of complimentary projects. These include: funds from the Levi's Foundation to work with a Jakarta NGO targeting young people with information through peer education; several grants from the HAPP/FHI/USAID project to assess and strengthen Indonesian NGOs' skills in managing HIV/AIDS projects; and funds from HAPP, AUSAID and UNAIDS to conduct the first national workshop in the country to address the problem of addiction and AIDS. The workshop of some 120 participants from throughout Indonesia resulted in the development of short, medium and long-term plans by participants and considerable follow-up activities.

PCI has also been able to introduce an STDs/AIDS component into other primary health care projects funded by AID and other donors in its activities in Irian Jaya.

At the same time, PCI/Indonesia has had difficulty in meeting the match amount required under this project. Because of the relatively early status of the epidemic compared to other countries, (i.e. large numbers of people afflicted with the virus are not yet visible), other extremely pressing health problems, a relatively weak GOI acknowledgement of the problem, as well as the current economic crisis, finding donors to support HIV AIDS activities still remains much more difficult than finding donors to support other pressing health issues.

8. Advocacy and Networking

PCI/Indonesia has had significant contact with central government officials in regard to HIV/AIDS, but primarily this contact has derived from other, non-CBI-funded activities. The focus of advocacy work under the CBI project has been to local government bodies. While PCI has been involved to a certain degree with others working in the HIV/AIDS network, this too has primarily been because of other projects, particularly the HAPP project collaborating IPVO's and NGOs and through the addiction activities. Some of the lack of advocacy work is due to CBI project staff's heavy workload and some to the focus on local government collaboration. Increased focus should be given to advocacy efforts, both in terms of direct PCI-government contacts and in terms of PCI strengthening NGOs' understanding of the importance of advocacy and how it is done, as well as in terms of strengthening PCI's collaboration and cooperation with other IPVO's, UN agencies and NGOs working in this field.

B. CBI Project NGOs: Positive Developments and Constraints.

1. Staffing Issues.

Although staff turnover is generally a problem with NGOs, (and thus also a problem in presenting a repeating need for training and technical assistance to new staff), this has not been a problem among the CBI Indonesia collaborating NGOs. Neither LPPM nor Utama work with volunteers, so this is also not an issue to address in this report. Among Sintesa staff, during the TA visit in which misappropriation of funds was established, it was determined that all staff had a misunderstanding of the very basics of NGO work and ethics. Core staff also had no information on or understanding of how senior staff collect and spend funds, although they expressed to PCI an interest in having this understanding. For this reason, at the end of the visit which led to PCI's requesting and receiving from Sintesa the funds determined to have been mis-used, PCI's capacity strengthening expert held several day-long sessions with staff on ethical procedures and policies for NGOs and the importance of transparency with donors and among senior and junior staff.

2. Leadership and Sustainability of Management Capacity.

A great deal of training and technical assistance for and collaboration with the three NGO directors was conducted. In the cases of LPPM and Utama, PCI has seen leadership growth and

development in the directors. In the case of Sintesa, PCI determined that the primary focus of Sintesa's leaders' in conducting NGO activities work was to secure funds to continue the existence of the organization, at the cost of transparency and integrity. However, among LPPM and Utama challenges still remain. In Utama, it was found that the head of the NGO understood his role more as a "father" (to quote a consultant's report) than as a leader and manager and this had been addressed with him in recent months. As is frequently the case with NGOs, once Utama's dynamic leader leaves the organization, which he intends, the organization will be hard-put to find a replacement and sufficient planning and preparation for this occurrence has not taken place.

In the case of LPPM, the director was also found to be unacceptably mixing personal issues with professional ones. In addition, the director of LPPM, who has always been a well-known figure in the local community, and one of the senior staff members, have recently been selected as representatives to the local parliament. Their future involvement in their non-governmental organization and the resulting conflict of interests remains unclear, although in Indonesian NGOs it is not uncommon for governmental employees to have large roles in establishing and running NGOs.

3. Programmatic Issues

PCI recently met with a USAID evaluation team from Washington addressing the AID Mission's future strategy in HIVAIDS in Indonesia. The two main topics during this discussion were whether or not NGOs are the best vehicle to promote behavior change in Indonesia in regard to the AIDS epidemic and whether CSW's are an effective target audience. Problems with a peer education approach to transfer of information were also discussed. The major AID-funded AIDS prevention project in Indonesia, HAPP/FHI, has not shown convincing behavior changes resulting from its support to NGOs in stemming the epidemic and much of these NGOs' work with CSW's has also been questioned in regard to impact.

While PCI believes that NGOs do offer an important vehicle, the obstacles are certainly significant. In the CBI project PCI found that it is extremely difficult for sex workers to promote condoms for a variety of reasons including the fact that the economic crisis has meant low bargaining power for CSW's with their clients (higher competition among CSW's for clients); Indonesia has strong religious and cultural constraints in regard to the use of condoms; the epidemic here still is at an early stage and it is difficult for the population to understand the dangers of an "unseen" disease. PCI also found in the CBI project as well as in its work under the HAPP project that, in general, many NGOs do not really understand peer education, outreach and behavior change concepts and how to work with them despite workshops and TA. These are areas that still require a great deal of training. CBI NGO staff are still in need of assistance in planning and in monitoring and evaluation activities. Proposal writing skills are, in general, weak and are sometimes only held by one person in the organization. This is further exacerbated by the lack of English language skills, which requires translation work at PCI of most documents and limitations understanding much of the relevant literature and materials. However, in the two years of implementation of this project, enormous progress has been made on the part of the NGOs in these areas.

4. Advocacy and Networking

As outlined in the narrative summarizing NGO activities (PMP Notes), considerable efforts were conducted by NGOs in collaborating with local government officials. NGOs appear to understand the importance of this work and on PCI site visits concrete evidence was found of considerable contact and relationship-building with government people at the community level. However, concerted training is still required in regard to the meaning and potential of advocacy and the opportunities available for mobilizing resources in their local communities. NGOs need to strengthen contacts with local medical associations, professional organizations and the local business community.

C. PCI/Indonesia and PCI/San Diego Strategic Partnership: Positive Developments and Constraints

1. Monitoring and Evaluation

The development of the DIP in India with PCI country and headquarters staff was an excellent example of partnership, mutual learning and collaborating. All of the country programs have based their monitoring and reporting on the indicators developed during this session. PCI Indonesia also had the results framework and the indicators translated into Indonesian and distributed them to NGO staff. A new headquarters' initiative to improve and standardize reporting on this project resulted in a useful tool which PCI Indonesia will begin to utilize soon (it was unfortunately developed a bit late into project implementation). PCI Indonesia has received some on-site and considerable long-distance assistance from headquarters in its monitoring and evaluation efforts and both PCI Indonesia's CD and staff feel they have gained a lot of knowledge in these areas. One weakness has been the significant lack of feed-back from HQ to Jakarta on monthly reports and other documents sent in.

2. Capacity Strengthening Assistance

PCI Indonesia still sees the need for a capacity strengthening expert on staff at HQ, which is apparently also acknowledged by other staff but which lacks adequate funding to accomplish. PCI Indonesia has been going through rapid growth and significant capacity changes in the past two years and would welcome more headquarters assistance in these developments. In addition, PCI Indonesia staff, who are primarily individuals with health backgrounds and who have learned management and capacity strengthening skills on-the-job rather than through formal training would also welcome training and assistance in this area. A recent visit by PCI/San Diego's Director of Program Operations and Development was exceedingly helpful in assisting senior Jakarta staff in outlining a new organizational chart/staffing structure to enable more effective use of the skills of employees.

3. Resource Center/Information Exchange

The development of the computerized resource center in San Diego has enabled the Jakarta office to quickly access considerable materials required in both HIV/AIDS programming and in capacity strengthening endeavors.

D. Lessons Learned/New Ways Forward.

1. Selection of NGOs

A major lesson learned by PCI Indonesia in the past two years of CBI implementation is the importance of selection of NGOs. The original reasons for selecting the three Indonesian NGOs partnering in this effort were valid ones: PCI had worked with these groups previously; they already had some (though different degrees of) experience with HIV/AIDS; NGO staff and especially staff leadership were derived of previous PCI office staff in those areas; no other or no high quality NGOs existed in these geographic areas that could work in HIV\ AIDS. However, using infamous hindsight, it is clear that from the beginning these NGOs also were characterized by some major deficiencies. Sintesa, for example, had primarily worked in non-health areas, had no staff on-board with serious health experience or expertise, and some staff, particularly leadership, really felt no strong commitment to or understanding of HIV AIDS. There is a need for a criterion of selection covering health experience, perspective and commitment.

All 3 NGOs had varying degrees of anchoring in their communities, but, partly because of the physical distance from the project beneficiaries, they are in some ways too "top down" or too removed from their communities to offer the kind of vehicle for community participation that PCI would hope from NGOs. While the original selection criteria focused on the assumption that these NGOs would have greater technical skills than other groups, which may or may not be true, it appears to also be true that these NGOs do not exhibit the kind of commitment to community that one traditionally thinks of in terms of NGOs. This is possibly partly due to the fact that they were not formed from "the bottom up" but from ex PCI office staff. For example, the kind of dynamism frequently shown by a group with a direct stake in the program's success, (e.g. mothers of drug addicts coming together to address addiction in their communities or a local doctor concerned to address the most pressing health issues he confronts daily) was not as evident as hoped for.

Certainly, such a statement must be made cautiously - it can be considered idealistic and possibly even romantic or at bottom unrealistic - but it can be argued that community mobilization is more likely to succeed when the mobilizers stem directly from, are directly impacted upon by and are directly committed to the individuals they are mobilizing.

In addition, NGOs, especially well known NGOs, and/or NGOs extremely active in their area, are frequently overwhelmed with work and yet are reluctant to turn down donor offers of support, resulting sometimes in a watering down of their staff capacities and inconsistent quality in their work. This was a definite problem with the three CBI NGOs.

2. Training in Ethical Standards and Transparency

There is a need for training of NGOs in ethical issues and in the very basics of the definition of non-governmental and community-based work. The training would address common implementing and reporting practices among NGOs in Indonesia which are either illegal, unprofessional, unethical, or ineffective. The problems of corruption and lack of transparency in the Indonesian government, which are well known and widely documented, and which are deeply anchored in the culture, realistically do not suddenly disappear in the non-governmental sector. PCI found both lack of knowledge about essentials in finance and in planning which led to unethical procedures (e.g. NGOs charging two different donors for a staff person's salary) as well as fear about the lack of job security in working for an NGO that led to knowingly illegal practices (collecting "revolving funds" which do not revolve but which go to supporting the continuing existence of the organization. Another example was shown in PCI allowing salary increases for junior staff about which senior staff did not inform them but put the additional funds in the organization's endowment fund. A common procedure in Indonesia is for all staff to "donate" part of their per diems to the NGO unbeknownst to the donor. The donating may be, at least partly, coerced and the organizations frequently make no reimbursement plans for staff who do not remain with the organization.) Many staff and leaders lack even a basic understanding of the difference between for - and non-profit organizations.

3. Working with NGOs is Labor and Resource Intensive, Time-consuming, and Long-term.

NGOs do not represent a "magic bullet" or a "quick fix" to impacting on the epidemic.

4. Need for Workshop Between NGOs and Government

There is a need for discussion of critical issues in HIV AIDS, discussion of the governmental and non-governmental responses, and recommendations for future work. Prior to this advocacy training is needed for NGOs.

5. Coordination Mechanism Between NGOs Working in HIV AIDS

For example, sex workers, who are frequently mobile, may have been trained by the CBI project and could be "hired" by an NGO in a new area and continue her work there.

6. Other Issues

- Coordination mechanism between IPVO's working in HIV AIDS.
- Financial sustainability or a broader definition, accessing or mobilizing funds, supporters and other resources for project activities.
- Go back to one of the basic functions of the NGO sector: to try out new ideas to see if they will work
- Donors meetings: The importance of capacity building for NGOs and other funding issues in regard to NGOs as recipients of donor grants.
- Outreach/behavior change workshop with NGOs. Let them determine their beneficiary population-specific outreach mechanisms.

ANNEX C

PERFORMANCE MONITORING PLAN

YEAR 2 REPORT

PCI/Headquarters

India

Indonesia

Zambia

PCI PERFORMANCE MONITORING PLAN - INDIA

STRATEGIC OBJECTIVE: SUSTAINED ORGANIZATIONAL SYSTEMS TO MITIGATE THE SPREAD AND IMPACT OF HIV/AIDS

TABLE B 1: BASELINE, BENCHMARKS, TARGETS, AND ACTUAL RESULTS FOR INTERMEDIATE RESULT #2

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
INTERMEDIATE RESULT #2: COUNTRY PROGRAMS STRENGTHENED IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS									
LLR 2.1: IMPROVED COUNTRY- LEVEL INFORMATION MANAGEMENT IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS									
1. Number of country programs with a functioning resource center.	Definition: Total number of country programs that responds systematically and sufficiently to requests for information in capacity building and HIV/AIDS Unit: #	1997	0	0	0	0	1	1	-
2. Number of country programs with a functioning management information system (MIS)	Definition: Total number of country programs that has created or refined a MIS that accurately collects, processes and reports information on a timely basis. Unit: #	1997	0	0	0	1	1	1	-
LLR 2.2: IMPROVED COUNTRY- LEVEL HUMAN RESOURCE CAPACITY IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS									
3. Number of country programs that identifies and meets staff development needs in the areas of NGO capacity building and HIV/AIDS	Definition: Total number of country programs that routinely identifies and meets staff development needs in the areas of NGO capacity building and HIV/AIDS Unit: #	1997	0	0	0	1	1	1	-
LLR 2.3: IMPROVED FINANCIAL SUSTAINABILITY TO SUPPORT NGO CAPACITY BUILDING AND HIV/AIDS									
4. Percent of private and non-usaid cash contributions raised for capacity building and HIV/AIDS programs.*	Definition: Total percent of private and non-usaid cash contributions raised for capacity building and HIV/AIDS programs. Unit: %	1997	0%	8%	32%	42%	56.14%	50%	-
LLR 2.4: INCREASED COUNTRY- LEVEL CAPACITY TO PROVIDE TECHNICAL ASSISTANCE IN THE AREAS OF NGO CAPACITY BUILDING AND HIV/AIDS									
5. Number of country programs that provides technical assistance to other PCI staff in the areas of NGO capacity building and HIV/AIDS	Definition: Total number of country programs that provide a minimum of 20 hours of technical assistance to other PCI staff in the areas of capacity building and HIV/AIDS programs. Unit:: #	1997	0	0	0	1	1	1	-
6. Number of country programs that provides technical assistance to partner NGOs in the areas of NGO capacity building and HIV/AIDS	Definition: Total number of country programs that provide technical assistance to partner NGOs in the areas of NGO capacity building and HIV/AIDS.* Unit:: #	1997	1	0	1	1	1	1	-

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
7. Number of country programs that receive technical assistance in the areas of NGO capacity building and HIV/AIDS.	Definition: Total number of country programs that receive a minimum of 20 hours of technical assistance in the areas of NGO capacity building and HIV/AIDS from PCI HQ, other PCI country programs and/or external sources. Unit:: #	1997	0	1	1	1	1	1	-
Comments/Notes: Country programs include India, Indonesia and Zambia. Each program is counted as "1". Numbers reflect countries that have achieved said result by the year indicated * Shared with PCI Headquarters									

PCI PERFORMANCE MONITORING PLAN - INDIA

STRATEGIC OBJECTIVE: SUSTAINED ORGANIZATIONAL SYSTEMS TO MITIGATE THE SPREAD AND IMPACT OF HIV/AIDS

TABLE C1: BASELINE, BENCHMARKS, TARGETS, AND ACTUAL RESULTS FOR INTERMEDIATE RESULT #3

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
INTERMEDIATE RESULT #3: INCREASED CAPACITY OF NON-GOVERNMENTAL ORGANIZATIONS IN INDIA, INDONESIA, AND ZAMBIA TO MANAGE HIV/AIDS PREVENTION AND CARE PROGRAMS									
LLR 3.1: NGO Organizational Structure Strengthened									
1. Percent of NGOs with broad based executive leadership	Definition: Percent of all NGOs with lines of authority that are vested in more than a single party and that facilitate agile decision – making. Unit: %	1997	41%	50%	41%	66%	58%	83%	-
2. Percent of NGOs with a well-defined mission statement that is consistent with long term development.	Definition: Percent of all NGOs with a mission statement that is clearly understood by executive leadership and that promotes long term planning. Unit: %	1997	50%	66%	50%	75%	66%	100%	-
LLR 3.2: NGO management practices improved									
3. Percent of NGOs with management information systems used to support decision-making.	Definition: Percent of all NGOs that systematically use information to plan and carry out programs. Unit: %	1997	0%	0%	0%	50%	58%	75%	-
4. Percent of NGOs with strategic plans that are operational and up-to-date.	Definition: Percent of all NGOs with strategic plans that guide action at key levels of responsibility over a maximum period of two years at a time. Unit: %	1997	33%	33%	33%	75%	41%	100%	-

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
5. Percent of NGOs that have administrative and financial procedures in place and are operational.	Definition: Percent of all NGOs that follow administrative and financial procedures. Unit: %	1997	41%	41%	41%	50%	50%	75%	-
LLR 3.3: NGO Human Resource Capacity Strengthened									
6. Percent of NGOs with existing staff development plans in use.	Definition: Percent of all NGOs with plans for identifying and meeting staff development needs. Unit: %	1997	50%	50%	50%	66%	66%	83%	-
7. Percent of NGOs with supervisory mechanisms in place and utilized	Definition: Percent of all NGOs using supervisory practices to facilitate staff growth and development. Unit: %	1997	50%	50%	50%	100%	66%	100%	-
8. Percent of NGOs with staffing procedures that are utilized.	Definition: Percent of all NGOs that have up-to-date job descriptions and/or scopes of work for existing staff and for recruited candidates. Unit: %	1997	50%	58%	50%	66%	58%	100%	-
LLR 3.4: NGO financial management strengthened									
9. Percent of NGOs that include external audits as integral part of financial controls.	Definition: Percent of all NGOs with external audits performed once per year and with audit recommendations followed-up within six months. Unit: %	1997	50%	50%	50%	100%	100%	100%	-
10. Percent of NGOs that integrate budget process with program planning.	Definition: Percent of all NGOs that include key program staff in budget process. Unit: %	1997	50%	50%	50%	66%	66%	91%	

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
11. Percent of NGOs with systematic and timely financial reporting.	Definition: Percent of all NGOs that accurately report all required financial information to donors on a timely basis. Unit: %	1997	50%	66%	50%	100%	83%	100%	-
LLR 3.5: NGOs External Relations Expanded									
12. Percent of NGOs that have established networks with other NGOs.	Definition: Percent of all NGOs that have at least one agreement of partnership with other NGOs and/or INGOs. Unit: %	1997	33%	33%	33%	66%	75%	66%	-
13. Percent of NGOs that have established networks with other government sectors or branches.	Definition: Percent of all NGOs that have at least one agreement of partnership with government sectors or branches. Unit: %	1997	50%	50%	50%	58%	75%	75%	-
14. Percent of NGOs that have established networks with the private sector.	Definition: Percent of all NGOs that have at least one agreement of partnership with the private sector. Unit: %	1997	25%	25%	25%	50%	50%	58%	-
LLR 3.6: Increased Capacity for Organizational Sustainability									
15. Percent of NGOs that have a diversified resource base.	Definition: Percent of all NGOs that have received and have recorded cash and/or in-kind contributions from both private and public sources. Unit: %	1997	33%	33%	33%	50%	83%	75%	-
16. Percent of NGOs with an increased revenue base.	Definition: Percent of all NGOs with increased revenues generated from any combination of fund raising, cost recovery and income generation activities. Unit: %	1997	0%	0%	0%	100%	100%	100%	-

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
17. Percent of NGOs with programs guided by needs of constituencies.	Definition: Percent of all NGOs that use baseline information collected from targeted constituencies to develop and guide programs. Unit: %	1997	58%	58%	58%	100%	83%	100%	-
Comments/Notes : Percent reflects % of all NGOs that have achieved said result by the year indicated									
LLR 3.7: Increased Technical Capacity of NGOs in the Area of HIV/AIDS									
18. Number of HIV/AIDS technical training activities in which partner NGOs have participated as part of the NGO/CBI.	Definition: Total number of technical activities designed for and received by partner NGOs as part of the NGO/CBI. Unit :#	1997	0	*	1	8	6	5	-
19. Number of HIV/AIDS technical training activities implemented by partner NGOs as part of the NGO/CBI.	Definition: Total number of HIV/AIDS technical training activities planned and carried out by partner NGOs as part of the NGO/CBI. Unit: #	1997	0	*	38	50	252	30	-
LLR 3.8: Increased Technical Capacity of NGOs in the Area of Information, Education and Communication.									
20. Number of partner NGOs that have developed or adapted IEC mediums or activities as part of HIV/AIDS education and awareness strategies.	Definition: Total number of partner NGOs that have developed or adapted IEC mediums or activities as part of HIV/AIDS education and awareness strategies. Unit: #	1997	0	*	2	3	3	3	-
21. Number of partner NGOs that distribute HIV/AIDS IEC mediums as part of the NGO/CBI.	Definition: Total number of partner NGOs that distribute HIV/AIDS IEC mediums to other individuals or organizations as part of the NGO/CBI. Unit: #	1997	0	*	2	4	8	3	-

INTERMEDIATE RESULT #3: INCREASED CAPACITY OF NON-GOVERNMENTAL ORGANIZATIONS IN INDIA, INDONESIA, AND ZAMBIA TO MANAGE HIV/AIDS PREVENTION AND CARE PROGRAMS

LLR 3.9 : Increased Community Involvement in the Area of HIV/AIDS

22. Number of partner NGOs that have developed or established links with community networks as part of HIV/AIDS advocacy.	Definition: Total number of partner NGOs that have developed or established links with community networks as part of HIV/AIDS advocacy. Unit: #	1997	*	*	0	3	6	3	-
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Comments/Notes : Number reflects # of all NGOs that have achieved said result by the year indicated.

* No baseline value and expected results for 1998 have been reported, since targets for this indicator were determined only in the final months of the reporting period.

INTERMEDIATE RESULT#3: INCREASED CAPACITY OF NGOS IN INDIA TO MANAGE HIV/AIDS PREVENTION AND CARE PROGRAMS Notes

<u>S.No</u>	PERFORMANCE INDICATORS		% / # NGOS 1997-98	Name of NGOs	%/ # NGOs 1998-99	Name of NGOs	Explanation
LLR 3.1	NGO Organizational Structure Strengthened	1. Executive Leadership	41%	Samaritans, WIF Sharan, Prerana & CCDT	58%	Asha Kirana & INP+	❖ MIS workshop ❖ Field visit
		2. Mission statement consistent with long term development	50%	CCDT, Samaritans, WIF, Sharan, Prerana, & SOS	66%	Healthfirst & Asha Kirana	❖ Project proposal writing workshop ❖ MIS workshop ❖ Field visit
LLR 3.2	NGO Management Practices Improved	3. MIS	0%	-	58%	CCDT, WIF, Samaritans, Sharan, Prerana, Healthfirst & SOS	❖ MIS workshop ❖ Field visit
		4. Strategic Plans for a minimum of two years.	33%	Samaritans, Prerana, Healthfirst, & WIF	41%	Sharan	❖ Strategic Planning workshop
		5. Administrative and financial procedures in place and are operational.	41%	Sharan, Prerana, Samaritans, WIF& CCDT	50%	Healthfirst	❖ Samples of administrative and financial procedures were distributed to partner NGOs

LLR 3.3	NGO Human Resource Capacity Strengthened	6. Staff Development Plans.	50%	Samaritans, WIF, Prerana, CCDT, Sharan & SOS	66%	Healthfirst & DMSC	❖ PCI staff development format was distributed to partner NGOs ❖ TA during Field visit
		7. Supervisory practices.	50%	Samaritans, WIF, Prerana, CCDT, Sharan & SOS	66%	Healthfirst & DMSC	❖ Training on Better Management practices and communication conducted by NGOs.
		8. Job Description and scope of work	50%	Samaritans, WIF, Prerana, CCDT, Sharan & SOS	58%	Healthfirst	❖ Sample copy of job description distributed among partner NGOs.
LLR 3.4	NGO Financial Management Strengthened	9. External audits performed and audit recommendations followed.	50%	Samaritans, WIF, Prerana, CCDT, Sharan & SOS	100%	Karmmarg, INP+, DMSC, VEEDU, Asha Kirana & Healthfirst	❖ MIS workshop-Financial Management and practices ❖ TA during field visit
		10. Budget process integrated with program planning.	50%	Samaritans, WIF, Prerana, CCDT, Sharan & SOS	66%	INP+ & DMSC	❖ MIS workshop-Financial management and practices ❖ TA during field visit
		11. Systematic and timely financial reporting	50%	Samaritans, WIF, Prerana, CCDT, Sharan & SOS	83%	DMSC, VEEDU , Asha Kirana & Healthfirst	❖ MIS workshop-financial management and practices

LLR 3.5	NGO External Relations Expanded	12. Agreements with NGOs.	33%	Samaritans, WIF CCDT & Prerana	75%	DMSC, SOS-Nasik, Asha Kirana & Healthfirst	❖ SOS is an active member of TICU network. However, they did not mention the same while discussing the CBIs
		13. Agreements with GOs	50%	Healthfirst, Samaritans, WIF CCDT, Sharan & INP+	75%	Prerana, DMSC & Asha Kirana	
		14. Agreements with private sector.	25%	Asha Kirana, Samaritans & SOS-Nasik	50%	WIF, DMSC & Prerana	
LLR 3.6	Increased Capacity For Organizational Sustainability	15. Diversified Resource Base	33%	WIF, Samaritans, SOS-Nasik & Sharan	83%	VEEDU, Prerana, Karmmarg, DMSC, INP+ & Asha Kirana	INP+- AIDS Alliance Prerana & Karmmarg-Chase & individual donors
		16. Increased revenue base	0%	-	100%	12 partner NGOs	
		17. Programs guided by needs of constituencies	51%	Samaritans, WIF, Prerana, CCDT, Sharan, Healthfirst & SOS	83%	Asha Kirana, INP+and DMSC	❖ Baseline assessment ❖ Project proposal writing workshop ❖ MIS workshop

LLR 3.7	Increased Technical Capacity of NGOs in the area of HIV/AIDS	18. HIV/AIDS technical trainings received by partner NGOs.	1	Project proposal writing workshop	6		<ul style="list-style-type: none"> ❖ Management Information System, Financial Management, HIV/AIDS Basics and MSM ❖ Counseling, Testing & Support Related Services ❖ Micro-Enterprise-Phase1 & Phase 2 ❖ Counseling & Care & Support ❖ Counseling & testing
		19. HIV/AIDS technical trainings implemented by partner NGOs.	38	SOS,VEEDU & CCDT	252	Heathfirst, WIF, DMSC, CCDT, Karmmarg, SOS VEEDU, & Samaritans	❖ Technical assistance provided
LLR 3.8	Increased Technical Capacity of NGOs in the area of IEC	20. IEC mediums or activities developed or adapted.	2	VEEDU & Healthfirst	3	SOS,CCDT & DMSC	

		21. IEC mediums distributed to other individuals or organization.	2	VEEDU & SOS	10	Samaritans, WIF, Prerana, CCDT, Sharan, DMSC Healthfirst, Asha Kirana, INP+, Karmmarg	
LLR 3.9	Increased Community involvement in the area of HIV/AIDS.	22. Links with community networks	0	-	8	DMSC,INP+, Samaritans,WIF, Sharan,VEEDU Prerana & SOS	

CAPACITY BUILDING INITIATIVE PROJECT
PERFORMANCE MONITORING OF PARTICIPATING NGOs
BASELINE, BENCHMARKS, TARGETS, AND ACTUAL RESULTS

No.	Performance Indicators	Indicator Definition	Baseline Data 1997	1999	
			Value	Expected Value	Actual Value
A.	NGO Organizational Structure Strengthened				
1.	Percent of NGOs with broad-based executive leadership	% of all NGOs with lines of authority that are vested in more than a single party and that facilitate agile decision making.	0%	66%*	100%*
2.	Percent of NGOs with a well-defined mission statement that is consistent with long term development	% of all NGOs with a mission statement that is clearly understood by executive leadership and that promotes long term planning.	0%	66%	100%
B.	NGO Management Practices Improved				
3.	Percent of NGOs with management information systems used to support decision-making	% of all NGOs that systematically use information to plan and carry-out programs.	0%	66%	100% (need strengthening)
4.	Percent of NGOs with strategic plans that are operational and up-to-date	% of all NGOs with strategic plan guide action at key levels of responsibility over a maximum period of two years at a time.	0%	33%*	100%
5.	Percent of NGOs that develop and use manuals for administrative and financial procedures	% of all NGOs that develop and use manuals in following and adhering to administrative and financial procedures	0%	66%	100%

6.	Percent of NGOs with existing staff development plans in use	% of all NGOs with plans for identifying and meeting staff development needs	0%	100%*	100%
7	Percent of NGOs with supervisory mechanism in place and utilized	% of all NGOs using supervisory practices to facilitate staff growth and development	0%	100%	50%*
8.	Percent of NGOs with staffing procedures that are utilized	% of all NGOs that have up to-date job descriptions and/or scopes of work for existing staff and for recruited candidates	0%	33%	100%
C.	NGO Financial Management Strengthened				
9	Percents of NGOs that include external audits as integral part of financial controls	% of all NGOs with external audits performed once per year and with auditor recommendations followed-up within six months.	0%	100%	50%
10	Percent of NGOs that integrate budget process with program planning	% of all NGOs that include key program staff in budget process	0%	100%	100%
11	Percent of NGOs with systematic and timely financial reporting	% of all NGOs that accurately report all required financial information to donors on a timely basis.	0%	100%	100%
12.	Percent of NGOs that have established networks with other NGOs	% of all NGOs that have at least one agreement of partnership with other NGOs	0%	0%	100%
13	Percent of NGOs that have established networks with Government sectors or branches.	% of all NGOs that have at least one agreement with Government sectors or branches.	0%	100%	100%
14	Percent of NGOs that have established networks with the private sectors.	% of NGOs that have established networks with the private sectors.	0%	33%	100%

15.	Percent of NGOs that accurately report program activity to donors on a timely basis.	% of all NGOs that report strengths and weaknesses of program activity to donor on a timely basis.	0%	66%	100%
D.	B. Increased Capacity for Organizational Sustainability				
16	Percent of NGOs that have a diversified resource base.	% of all NGOs that have received and have recorded cash and in-kind contributions from both private and public sources.	0%	100%	100%
17	Percent of NGOs with an increased revenue base.	% of all NGOs with increased revenues generated from any combination of fundraising, cost-recovery, and income generation activities.	0%	66%	100%
18.	Percent of NGOs with programs guided by needs of constituencies.	% of all NGOs that use baseline information collected from targeted constituencies to develop and guide programs.	0%	100%	100%
E.	Increased Technical Capacity of NGOs in the area of HIV/AIDS				
19	Number of HIV/AIDS technical training activities in which partner NGOs have participated as part of the NGO/CBI.	Total number of technical training activities designed for and received by partner NGOs as part of the NGO/CBI.	0	TBD**	7
20	Number of partner NGOs that have acquired skills in participatory training methodology as part of the NGO/CBI.	Total number of partner NGOs having received and passed training courses designed to transfer skills in facilitating competency-based, participant-centered training activities as part of the NGO/CBI.	0	TBD	2

21.	Number of HIV/AIDS technical training activities implemented by partner NGOs as part of the NGO/CBI.	Total number of HIV/AIDS technical training activities planned and carried out by partner NGOs as part of the NGO/CBI.	0	TBD	19
F.	Increased technical capacity of NGOs in the area of information, education and communication				
22.	Number of partner NGOs that have acquired skills in IEC development and use as part of NGO/CBI.	Total number of partner NGOs having received skills-based training and/or technical assistance in IEC development and use in CBI project.	TBD	TBD	2
23.	Number of partner NGOs that had developed or adapted IEC mediums /activities as part of HIV/AIDS education and awareness strategies.	Total number of NGOs that had developed or adapted IEC mediums or activities as part of HIV/AIDS education and awareness strategies.	TBD	TBD	2
24.	Number of partner NGOs that actively deliver IEC messages as part of education and awareness strategies.	Total number of NGOs that commit a minimum of 10% level of effort in the delivery of IEC messages as part of education and awareness strategies.	TBD	TBD	2
25	Number of partner NGOs that distribute HIV/AIDS IEC mediums as part of the NGO/CBI.	Total Number of partner NGOs that distribute HIV/AIDS IEC mediums to other individuals or organizations as part of the NGO/CBI.	TBD	TBD	2
26	Number of partner NGOs that budget for HIV/AIDS IEC activities.	Total number of NGOs that budget for HIV/AIDS IEC activities.	TBD	TBD	2

G.	Increased community involvement in the area of HIV/AIDS				
27	Number of partner NGOs that have developed or established links with community network as part of an HIV/AIDS advocacy.	Total number of partner NGOs that have developed or established links with community network as part of an HIV/AIDS advocacy strategy.	TBD	TBD	2
28	Number of partner NGOs that use participative methodologies that involve the communities in program planning and development.	Total number of partner NGOs that systematically involve the communities (public and private sectors and constituencies) in identifying needs, and developing and evaluating activities. participative methodologies that involve the communities in program planning and development.	TBD	TBD	2

Note:

*For expected values, percent of NGOs at 0, 33, 66 and 100% represent actual unit number of 0, 1, 2 and 3 NGOs. Due to the drop off Sintesa's participation in the CBI project in May 1999, only two participating organizations (LPPM and Utama) were evaluated at the end of 1999. Therefore, 50% and 100% of actual values represent unit number of 1 and 2 NGOs.

**TBD: to be determined

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Palupi Widjajanti

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CAPACITY BUILDING INITIATIVE PROJECT

BASELINE, BENCHMARKS, TARGETS AND ACTUAL RESULTS

Justification and Means of Indicators Accomplishments

A. NGO Organizational Structure Strengthened

1. LPPM conducted staff retreat in May 1999 where they reviewed and discussed the vision, mission and SWOT analysis to set the next two year strategic plan of the organization. They also discussed the line of communication and delegation of authority. There are two senior staff which strongly influenced the decision making by the Director. Utama has reviewed and discussed the organization structure and came up with the new structure with one aim to share responsibilities of the Director in conducting fundraising for the organization. With the new structure, senior staff has more authorities to assist Director to develop programs and raise funds for organizational sustainability. Two senior staff provided organizational impetus, in addition of the Director.
2. Both organizations had defined the organizations' mission statement by participatory discussion with staff, communicated with their staff for long term planning,

PCI Assistance:

Technical assistance in facilitating organizations to determine their organizations structures, refine the organizations' vision and mission, facilitate in the SWOT analysis, strategic planning for program and organizational development, and internal communication.

B. NGO Management Practices Improved

3. In regards to use of information to support decision making in program planning and implementation, Yayasan Utama and LPPM relied on formal mechanism to get beneficiaries' feedback and inputs. Continuous feedback and inputs from beneficiaries through non-formal channels were not fully explored. Both Utama and LPPM needs to learn more how to systematically use information/data collected, not only from beneficiaries, but also from field staff, for decision making on program planning and deciding new strategies or approach used.
4. Both organizations developed financial procedures and manuals. Administrative procedures increasingly formalized, and simple operating manuals were developed. Yayasan Utama's files are systematic and accessible. LPPM is still working on filing systems.
5. Both organizations have written strategic planning to guide them for program development in the next two years. However, the organizations should be strengthened in proactively gather information or data to for fact finding and baseline data to support program development.

6. Both organizations have written plan to increase staff capacity in their fields and meeting these needs from internal resources, CBI Staff Development Funds or PCI/Indonesia technical assistance.
7. LPPM has clear supervisory practices to facilitate staff growth and development. The Director encourages staff development through providing opportunities for senior staff to be able to approach donors, write proposal, plan and implement program. On the other hand, Utama's Director has personality problem which made staff not having full opportunities to sufficiently grow in their fields/expertise.
8. Both LPPM and Utama prepared job description for all staff. Utama, with new organization structure has reviewed staff job descriptions recently.

PCI Assistance:

Technical assistance in facilitation on funder analysis and how to access them (also travel budget to Jakarta to meet donors), how to get feedback and input from beneficiaries, assess training needs for staff development, ideas for program development and review of proposal (not limited on HIV/AIDS proposals), organization structure and internal communication, use of quantitative and qualitative baseline data for program planning and strategies and approach to be used.

C. NGO Financial Management Strengthened

9. Financial audit was planned to be performed in both organizations as part of PCI/USAID Subgrant Agreement for CBI Project. Financial audit was usually performed on the basis of donor request, not based on organizational commitment and planning. NGOs did not see financial accountability to community and stakeholders as a top priority in their practice, so that no specific funds allocated for this purpose. Secondly, hiring an auditor is considered expensive. Utama has been audited in September, 1999 and PCI/Indonesia will discuss the findings with Utama for following-up auditor's recommendation. Due to riots in Ambon, LPPM has not yet been audited, possibly will be conducted in November.
10. LPPM and Utama included key program staff in the budgeting process.
11. LPPM and Utama report all required financial information to donors most of the time on timely basis. Occasionally there were questions on more justification of grants spent for activities which exceeded budgeted amount or appropriateness of spending which not in line with their organizations' or PCI/USAID's regulation, or undocumented proof of spending. Organizations usually made correction and provide proof of spending on the next monthly financial report.
12. Both organizations has developed network and partnership with other NGOs, both Indonesian NGO, International NGO based in Jakarta or other country. During 1998-1999, LPPM had agreement of partnership and funding from Memisa (NGO in Netherland) for HIV/AIDS program for students and sex workers, Helen Keller International for Vitamin A

program, and Tanggul Bencana (NGO in Jakarta) for emergency food program. Yayasan Utama is linked through Reproductive Health Network of Indonesian NGOs sponsored by the Ford Foundation. One staff has been sent to Netherlands, Jakarta, Jogjakarta and other cities to learn about reproductive health and gender issues and attend workshop on those issues. Also the Ford Foundation sponsored one staff of Utama to attend HIV/AIDS International Conference in Kuala Lumpur, Malaysia.

13. Both NGOs developed partnership with Governmental agencies. Utama received funding from local MOH and Social Department to run workshop on HIV/AIDS. LPPM received funds from local Commission on AIDS for World AIDS Day commemoration and to conduct a workshop to initiate NGO Forum on HIV/AIDS in Maluku.
14. LPPM has been able to establish partnership with two (2) Timber Companies in Maluku to work on CBI HIV/AIDS prevention project in the working site. Also, both LPPM and Utama received condoms and funds for IEC materials from DKT, a social marketing organization. Utama received small fundings from local business companies for World AIDS day activities, local Hotel to post Utama's HIV/AIDS information board. Approach to Caltex, a petroleum company has been done for possibility of funding an income generating project.
15. Both NGOs reported their activities, mostly on timely basis. Except for LPPM that currently has communication problem (no e-mail and fax), caused a delay in reporting.

PCI Assistance:

Technical assistance in providing inputs to organizations in drafting the budget for the project proposed, setting up financial systems, regulation, procedures, and forms. Also, PCI assisted NGOs in completing financial reports that complied with their own and/or PCI/USAID regulations. Prior to financial audit by External Auditor, PCI/Indonesia assisted NGOs to prepare all related documents and conducted internal audit. PCI/Indonesia briefed External Auditors on aspects regarding CBI project, grants awarded and matters that required specific attention in auditing participating NGOs.

D. Increased Capacity for Organizational Sustainability

16. Both organization received and recorded cash and in-kind contributions from both private (business), NGOs and Government agencies.
17. During one year of implementing CBI, LPPM and Utama have demonstrated increased in their revenues generated mostly from grants, cash and in-kind contribution. YU just started Income generating activity by running a business of beauty salon in Teleju brothels.
18. Both NGOs collected baseline information from targeted constituencies to develop and guide programs. However, usually this baseline information was collected after organizations received approval from donor agencies or at request of donor agencies when they have expressed interest to work with Utama or LPPM. PCI/Indonesia suggested them

to proactively gather information to make some kind of social mapping in their areas to identify strategic issues and respond on community needs.

PCI Assistance:

Technical assistance in facilitating NGOs to assess prospective donors, ideas for program development, proposal writing and review, providing seed money for micro enterprises, and technical inputs for business development and management.

E. Increased Technical Capacity of NGOs in the Area of HIV/AIDS

19. During two year of CBI Project implementation, PCI/Indonesia in collaboration with partner NGOs has designed 7 trainings or workshop to strengthen their capacity to plan, implement, monitor and evaluate their programs. These were:
 - a. Proposal Writing and Project Planning, Bogor, March 24-28, 1998.
 - b. Behaviour Change and IEC Planning, Jakarta, September 17-26, 1998 in collaboration with PCI/Zambia.
 - c. EPI Info – Computer program for Epidemiology studies, Bogor, January 25-29, 1999 in collaboration with University of Indonesia.
 - d. Outreach and Peer Education Training, Nabire, Irian Jaya, February 22-27, 1999 in collaboration with PCI/Irian Jaya.
 - e. Counseling Training for Field Staff, Nabire, Irian Jaya, March 1-5, 1999 in collaboration with PCI/Irian Jaya.
 - f. Strategic Planning Workshop for Sintesa, Kendari, April 21-23, 1999
 - g. Workshop on Tool Development for Organizational Capacity Assessment, Pekanbaru, Riau, July 26-30, 1999.
20. Both participating NGOs have received and passed training courses designed to transfer skills in facilitating competency-based, participant-centered training. Most senior staff demonstrated capabilities to arrange, structure and facilitate workshop using participatory methodology.
21. Both Yayasan Utama and LPPM has planned and carried out HIV/AIDS/STDs technical trainings as part of the CBI project activities. These were:

Trainings Conducted by LPPM and Utama as of September 30, 1999

No .	Training Conducted	Quantity	Number of Beneficiaries for Each Training
	<i>YAYASAN UTAMA</i>		
1.	Peer Educator training	12	262 peer educators
	<i>LPPM</i>		
1.	Training for Provincial Trainer Team	1	4 persons

2.	Training for Worksite Trainer	2	20 persons
3	Training for Medical doctors and paramedics (factory clinics)	2	7 persons (2 MDs, 4 paramedics and 1 staff of Provincial MOH)
4.	HIV/AIDS Basic Information for Middle Level Management of Company	2	37 persons

PCI Assistance:

Identified need for trainings in the areas of HIV/AIDS technical capacity, designed training curriculum and materials (in collaboration with consultants for several trainings), and coordinated training implementation. For participating NGOs, PCI/Indonesia provided inputs and feedbacks in training methodology, curriculum, modul and material development. In one or two occasions, PCI/Indonesia also served as resource persons/speakers for the trainings.

F. Increased Technical Capacity of NGOs in the Area of Information, Education and Communication.

22. Both participating NGOs have received training on IEC planning for strategy and material development. Technical assistance was delivered to strengthen their capacity in conducting in-depth interview, group discussions and content of IEC materials. Utama developed training curriculum and materials for peer educators, pimps and community leaders. Beside that, it has also produced brochures, posters, stickers for its beneficiaries. LPPM developed training handbooks for Company Team Trainer and Health Care Providers. Also it has developed draft for posters, brochures and flipcharts and is in the process of printing these materials.
23. Both organizations had developed IEC materials and used them for training, education sessions or outreach activities for their primary or secondary beneficiaries.
24. Both NGOs have scheduled visit to their target groups to actively disseminate HIV/AIDS information as part of education and awareness strategy. Utama's field staff (3 persons) visit Sex Worker site 4 times a week to disseminate HIV/AIDS and STD information. Field Coordinator and Program Manager visited the area at least once a week to communicate with Community leaders and Pimps. LPPM staff visited company 2 times a week for full day visit in Batu Gong and once a week for 3 days in Waisarisa Program Manager and Director visit the Company once a month in every site to talk to the Top Management of the Company for their support to the program. These contributed roughly 40% of total hour of activities to deliver HIV/AIDS and STD messages to target groups.
25. Utama actively delivered IEC materials: leaflets, brochures, posters and condoms through peer educators, pimps and ojek drivers. It also produced public newsletters (3 times a year) on HIV/AIDS for organizations and individuals working in the area of STDs and HIV/AIDS. LPPM developed Training Modules for Provincial Trainer Team, Worksite Trainer and

Medical Doctor and Paramedics to be used and distributed to training participants. In the next phase of CBI Project, LPPM will produce and distribute flipcharts, posters, and handbook to be used by peer educators in delivering HIV/AIDS messages.

26. LPPM and Yayasan Utama had budgeted sum of money to develop and print IEC materials, such as training modules/handbooks, flipcharts, posters, brochures, and stickers. They also allocated funds to carry-out regular meetings with community leaders, and pimps. To commemorate World AIDS Day, Utama and LPPM has successfully generated funds from business communities and Governmental agencies. LPPM and Utama received sum funds for delivering HIV/AIDS messages through musical performances, and sampled condoms to be distributed to their target groups.

PCI Assistance:

Designed and conducted a nine day training for Program Manager and Field Staff in Behaviour Change and IEC Strategy and Materials development, in collaboration with PCI/Zambia and training in EPI Info – Computer Program for quantitative data management and analysis. PCI/Indonesia assisted NGOs in providing feedback in the development of IEC materials, focussing on the review of the “content” of messages to be delivered. Technical assistance was also provided to strengthen field staff capacity in conducting in-depth interview, collecting and interpreting quantitative and qualitative data and review of curriculum, modules and materials for training. PCI/Indonesia also assisted NGOs in developing tools for monitoring field staff, and peer educators, and evaluating and reporting field activities in delivering HIV/AIDS messages and providing back-up support for peer educators.

G. Increased Community Involvement in the Area of HIV/AIDS

27. LPPM and Utama were well-known as HIV/AIDS organizations in Ambon and Pekanbaru. Utama has been elected as the Chair Organization of HIV/AIDS NGO Forum HIV in Riau Province. LPPM received fundings from Provincial Government to coordinate workshop aimed to initiate NGO Forum on HIV/AIDS in Maluku. Both organizations’ Directors had been actively involved by Provincial AIDS Commission as resource persons to represent NGOs in their areas.
28. Utama and LPPM were actively involved their target audiences in identifying needs, developing and evaluating activities. Utama’s field staff have been well-accepted by their target audiences, therefore it will be easier for them to involve them in their activities. Utama, however, still need to seek new approach and strategy to obtain full supports from community leaders and pimps to successfully delivering HIV/AIDS and STDs messages in efforts to change behaviour (health seeking behaviour, condom bargaining and use) of target audiences. LPPM involved top and middle level management in designing its program, assessed approaches and methodologies that might be suitable for each factory setting. Leaders of Labor Organizations and non-formal workers leaders in each factory were also involved in those activities.

PCI Assistance:

Provide inputs in strengthening Utama's role as a Chair organization in AIDS NGO Forum. Among those were suggesting Utama to coordinate a collaboration work to develop NGO Position Paper on Critical Local Issues on HIV/AIDS, conduct a Workshop on "Responding to HIV/AIDS epidemic - What Have Been Done by NGOs and Government in the Prevention and Control of HIV/AIDS in Riau". Outcomes of the workshops can be presented before HAPP Project Leaders (will work in Riau in the year 2000) for coordinated efforts of Government and NGOs in preventing HIV/AIDS.

PCI/Indonesia assisted LPPM in designing meeting with top/middle level management of Company and leaders of Labor Union. Also served as Resource Person for the meeting to introduce PCI, LPPM and CBI project.

We also assisted participating NGOs to provide inputs in their works to identify target groups' needs and how to formulate these needs into program strategies and approaches and how to involve them in monitoring and evaluating the program.

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Palupi Widjajanti, November 3rd, 1999

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PCI PERFORMANCE MONITORING PLAN **ZAMBIA**

STRATEGIC OBJECTIVE: SUSTAINED ORGANIZATIONAL SYSTEMS TO MITIGATE THE SPREAD AND IMPACT OF HIV/AIDS

TABLE C1: BASELINE, BENCHMARKS, TARGETS, AND ACTUAL RESULTS FOR INTERMEDIATE RESULT #3

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
INTERMEDIATE RESULT #3: INCREASED CAPACITY OF NON-GOVERNMENTAL ORGANIZATIONS IN ZAMBIA TO MANAGE HIV/AIDS PREVENTION AND CARE PROGRAMS									
LLR 3.1: NGO Organizational Structure Strengthened									
1. Percent of NGOs with broad based executive leadership	Definition: Percent of all NGOs with lines of authority that are vested in more than a single party and that facilitate agile decision – making. Unit: %	1997	0%	100%	100%	100%	100%	100%	-
2. Percent of NGOs with a well-defined mission statement that is consistent with long term development.	Definition: Percent of all NGOs with a mission statement that is clearly understood by executive leadership and that promotes long term planning. Unit: %	1997	0%	100%	100%	100%	100%	100%	-
LLR 3.2: NGO Management Practices Improved									
3. Percent of NGOs with management information systems used to support decision-making.	Definition: Percent of all NGOs that systematically use information to plan and carry out programs. Unit: %	1997	0%	0%	0%	100%	100%	100%	-

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
4. Percent of NGOs with strategic plans that are operational and up-to-date.	Definition: Percent of all NGOs with strategic plans that guide action at key levels of responsibility over a maximum period of two years at a time. Unit: %	1997	0%	0%	0%	0%	100%	100%	-
5. Percent of NGOs that have administrative and financial procedures in place and are operational.	Definition: Percent of all NGOs that follow administrative and financial procedures. Unit: %	1997	0%	0%	0%	100%	0%	100%	-
LLR 3.3: NGO human resource capacity strengthened									
6. Percent of NGOs with existing staff development plans in use.	Definition: Percent of all NGOs with plans for identifying and meeting staff development needs. Unit: %	1997	0%	0%	0%	0%	0%	0%	-
7. Percent of NGOs with supervisory mechanisms in place and utilized	Definition: Percent of all NGOs using supervisory practices to facilitate staff growth and development. Unit: %	1997	50%	100%	100%	100%	100%	100%	-
8. Percent of NGOs with staffing procedures that are utilized.	Definition: Percent of all NGOs that have up-to-date job descriptions and/or scopes of work for existing staff and for recruited candidates. Unit: %	1997	0%	0%	0%	0%	0%	0%	-

LLR 3.4: NGO financial management strengthened									
9. Percent of NGOs that include external audits as integral part of financial controls.	Definition: Percent of all NGOs with external audits performed once per year and with audit recommendations followed-up within six months. Unit: %	1997	0%	100%	100%	100%	100%	100%	-
10. Percent of NGOs that integrate budget process with program planning.	Definition: Percent of all NGOs that include key program staff in budget process. Unit: %	1997	0%	0%	100%	100%	100%	100%	
11. Percent of NGOs with systematic and timely financial reporting.	Definition: Percent of all NGOs that accurately report all required financial information to donors on a timely basis. Unit: %	1997	100%	100%	100%	100%	100%	100%	-
1. LLR 3.5: NGOS EXTERNAL RELATIONS EXPANDED									
12. Percent of NGOs that have established networks with other NGOs.	Definition: Percent of all NGOs that have at least one agreement of partnership with other NGOs and/or INGOs. Unit: %	1997	100%	100%	100%	100%	100%	100%	-
13. Percent of NGOs that have established networks with other government sectors or branches.	Definition: Percent of all NGOs that have at least one agreement of partnership with government sectors or branches. Unit: %	1997	0%	0%	100%	100%	100%	100%	-
14. Percent of NGOs that have established networks with the private sector.	Definition: Percent of all NGOs that have at least one agreement of partnership with the private sector. Unit: %								

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
15. Percent of NGOs that accurately report program activity to donors on a timely basis.	Definition: Percent of all NGOs that report strengths and weaknesses of program activity to donors on a timely basis. Unit: %	1997	100%	100%	100%	100%	100%	100%	-
2. LLR 3.6: INCREASED CAPACITY FOR ORGANIZATIONAL SUSTAINABILITY									
16. Percent of NGOs that have a diversified resource base.	Definition: Percent of all NGOs that have received and have recorded cash and/or in-kind contributions from both <i>private</i> and public sources.	1997	0%	100%	100%	100%	100%	100%	-
17. Percent of NGOs with increased revenue base.	Definition: Percent of all NGOs with increased revenues generated from any combination of fund raising, cost recovery and income generation activities. Unit:%	1997	0%	0%	0%	100%	0%	100%	-
18. Percent of NGOs with programs guided by needs of constituencies.	Definition: Percent of all NGOs that use baseline information collected from targeted constituencies to develop and guide programs. Unit:%	1997	0%	0%	100%	100%	100%	100%	-
Comments/Notes : Percent reflects % of all NGOs that have achieved said result by the year indicated									

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
INTERMEDIATE RESULT #3: INCREASED CAPACITY OF NON-GOVERNMENTAL ORGANIZATIONS IN ZAMBIA TO MANAGE HIV/AIDS PREVENTION AND CARE PROGRAMS									
C. LLR 3.7: Increased technical capacity of NGOs in the area of HIV/AIDS									
19. Number of HIV/AIDS technical training activities in which partner NGOs have participated as part of the NGO/CBI.	Definition: Total number of technical activities designed for and received by partner NGOs as part of the NGO/CBI. Unit: #	1997	0	3	0	6	2	4	-
20. Number of partner NGOs that have acquired skills in participatory training methodology as part of the NGO/CBI	Definition: Total number of partner NGOs having received and passed training courses designed to transfer skills in facilitation competency-based, participant-centered training activities as part of the NGO/CBI. Unit: #	1997	0	1	0	1	1	1	
21. Number of HIV/AIDS technical training activities implemented by partner NGOs as part of the NGO/CBI.	Definition: Total number of HIV/AIDS technical training activities planned and carried out by partner NGOs as part of the NGO/CBI. Unit: #	1997	0	0	0	3	7	7	

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
22. Number of partner NGOs that budget for technical training activities.	Definition: Total number of partner NGOs that budget for technical training activities. Unit: #	1997	TBD	TBD		TBD	1	1	
LLR 3.8: Increased technical capacity of NGOs in the area of information, education and communication.									
23. Number of partner NGOs that have acquired skills in IEC development and use as part of NGO/CBI.	Definition: Total number of partner NGOs having received skills-based training and/or technical assistance in IEC development and use as part of the NGO/CBI. Unit: #	1997	0	1	0	1	0	0	
24. Number of partner NGOs that have developed or adapted IEC mediums or activities as part of HIV/AIDS education and awareness strategies.	Definition: Total number of partner NGOs that have developed or adapted IEC mediums or activities as part of HIV/AIDS education and awareness strategies. Unit: #	1997	0	1	0	1	0	1	
25. Number of partner NGOs that actively deliver IEC messages as part of education and awareness strategies.	Definition: Total number of NGOs that commit a minimum of 10 percent level of effort in the delivery of IEC messages as part of education and awareness strategies. Unit: #	1997	0	1	0	1	1	1	

PERFORMANCE INDICATORS	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	BASELINE DATA							
		YEAR	VALUE	1998		1999		2000	
				EXPED	ACTUAL	EXPED	ACTUAL	EXPED	ACTUAL
26. Number of partner NGOs that distribute HIV/AIDS IEC mediums as part of the NGO/CBI.	Definition: Total number of partner NGOs that distribute HIV/AIDS IEC mediums to other individuals or organizations as part of the NGO/CBI. Unit: #	1997	0	1	0	1	1	1	-
27. Number of partner NGOs that budget for HIV/AIDS IEC activities.	Definition: Total number of NGOs that budget for HIV/AIDS IEC activities. Unit: #	1997	1	1	1	1	1	1	
LLR 3.9 : Increased community involvement in the area of HIV/AIDS									
28. Number of partner NGOs that have developed or established links with community networks as part of HIV/AIDS advocacy.	Definition: Total number of partner NGOs that have developed or established links with community networks as part of HIV/AIDS advocacy. Unit: #	1997	1	1	1	1	1	1	
29. Number of partner NGOs that use participative methodologies that involve communities in program planning and development.	Definition: total number of partner NGOs that systematically involve the communities (public and private sectors and constituencies) in identifying needs, and developing and evaluating activities. Unit: #	1997	0	1	0	1	0	7	
Comments/Notes : Number reflects # of all NGOs that have achieved said result by the year indicated. * No baseline value and expected results for 1998 have been reported, since targets for this indicator were determined only in the final months of the reporting period.									

PCI/Zambia
Capacity Building Initiative Project Status by Lower Level Result

A). *LL3.1: NGO ORGANIZATIONAL STRUCTURE STRENGTHENED*

PCIZ conducted a review of the leadership structure at the Ndola Catholic Health Department to ascertain the kind of support needed to establish a broad based executive leadership for the Department before the on set of the program. It was PCIZ's view then that structure of the Catholic Diocese board needed little or no further improvement. The current requirements are that the Bishop of Ndola Catholic Diocese chairs the board with the other members of board being appointed as a result of the positions they hold in the various organs of the Diocese. The leadership is in this sense was and is still perceived as being broad-based and representative of the Health Department's constituency.

The Health department has a well-defined mission statement that was developed by the Catholic Diocese, reflects the opinion of the Diocese, and is clearly understood by all the board members and senior management.

B). *LLR 3.2 NGO MANAGEMENT PRACTICES IMPROVED*

The department has a good record keeping system that provides the necessary information needed for decision making. The department has a well-established management system, which has greatly contributed to its ability to develop strategic plans for its programs that have a very strong community involvement.

C). *LLR 3.3 NGO HUMAN RESOURCE CAPACITY STRENGTHENED*

Due to the unavailability of resources PCIZ did not undertake to achieve this indicator.

D). *LLR 3.4: NGO FINANCIAL MANAGEMENT STRENGTHENED*

The department has a well functional financial management system that has helped greatly in the smooth operation of the departments various activities. To supplement the systems the department will need to document the various financial procedures in the form of a manual. PCI/Z financial Accounting manual has been made available to the department. The department's books of account are audited on regular bases by a well-established international audit firm.

E). *LLR 3.5 NGO EXTERNAL RELATIONS EXPANDED*

The Ndola Diocese through its Health department has functional working relationships with NGOs and CBOs involved in HIV/AIDS prevention and mitigation work in the district. The

Department provides valuable technical assistance in HIV/AIDS programming to NGOs and CBOs in the district. The department further plays a leadership role on the district HIV/AIDS task Force using their experience in community level interventions. Specifically the department is seen as a leader in the promotion of collaboration and networking for HIV/AIDS orphan related activities in the district. The Diocese has clearly maintained strong links with national and international agencies.

The department also provides financial and material support to various health programs implemented by the District health Management Team, District HIV/AIDS task force and other NGOs and CBOs in the district

Efforts have not been made to improve the Department's collaboration with the Private Sector.

F). LLR 3.6: INCREASED CAPACITY FOR ORGANIZATIONAL SUSTAINABILITY

The department receives in-kind contributions from a number of international organizations to help it sustain its community health programs, which include drugs, food staff, and second hand cloths.

G). LLR 3.7 INCREASED TECHNICAL CAPACITY OF NGO IN THE AREA OF HIV/AIDS

Two HIV/AIDS technical training activities undertaken with NCD as part of the NGO/CBI

HIV/AIDS Psychosocial Counseling
Basic Nursing care for the chronically ill

Participatory training skills training undertaken under HELP

The following HIV/AIDS training activities where undertaken by NCD as part of the NGO/CBI. These training's where undertaken in each of the seven zones of the NCD program. Aim was to strengthen each of these zones as separate and independent NGOs: -

- ◆ Basic facts about HIV and AIDS
- ◆ HIV prevention
- ◆ HIV testing and counseling
- ◆ Nutritional needs of PLWHIV
- ◆ HIV transmission

H). LLR 3.8: INCREASED TECHNICAL CAPACITY OF NGO IN INFORMATION EDUCATION AND COMMUNICATION

NCD did not acquire IEC material development skills under the year under review. This training has been excluded from the activities to be implemented under the current MG program.

NCD adapted a number of HIV/AIDS IEC materials for use under its program

NCD uses IEC materials as part of education and awareness strategies

I). LLR 3.9: INCREASED COMMUNITY INVOLVEMENT IN THE AREA OF HIV/AIDS

28 Ndola District HIV/AIDS Task Force

29 Non

ANNEX D

PCI MONITORING & EVALUATION OFFICER JOB DESCRIPTION

**PROJECT CONCERN INTERNATIONAL
PROGRAM OPERATIONS AND DEVELOPMENT DEPARTMENT (PODD)
MONITORING AND EVALUATION OFFICER**

Department: Program Operations and Development Department
Reports to: President/Chief Executive Officer

Salary: \$40,000-50,000
Status: Exempt

Overview of Position: The Monitoring and Evaluation Officer provides support and assistance to program staff at headquarters and in the field as it relates to program monitoring and evaluation (M&E). Priority is the strengthening of M&E skills and processes of PCI in the field and at HQ. Responsibilities include reviewing existing M&E systems at PCI; developing an organization-wide strategy for M&E; assisting in the design of project M&E systems; assisting with mid-term and final evaluations; and coordinating/facilitating M&E training for PCI staff.

Duties and Responsibilities:

1. Conduct review of existing M&E Systems.
 - Review existing M&E systems and provide feedback to all programs.
 - Provide technical assistance, as needed, to improve existing M&E systems.
2. Develop organization-wide M&E strategy and standards for PCI.
3. Provide technical assistance for the design and implementation of project M&E systems.
 - Assist HQ Program Officers in the write up or review of all M&E plans.
 - Review and provide feedback to field staff on M&E designs.
 - Assist HQ Program Development Officers in M&E design for smaller grants.
4. Provide technical assistance for the design and implementation of mid-term and final evaluations.
 - Provide feedback on all evaluation plans and survey instruments.
 - Assist in the development of evaluation plans and survey instruments.
 - Advise on sampling size and techniques.
5. Work with the Public Information Section of PCI's Resource Development Department to develop an annual "results" profile of PCI activities to assist in reporting to the PCI Board of Directors, to donors, and to the general public.
6. Coordinate/facilitate training for appropriate HQ and field staff in the following areas:
 - Design of M&E systems
 - Managing for Results methodology
 - Sampling techniques
 - Development and use of indicators
 - Epi-Info and other data analysis packages

- Participatory Rural Appraisal (PRA)

Minimum Qualifications:

- MPH or equivalent advanced degree
- Five years relevant professional experience
- Two years relevant overseas experience
- Excellent communications skills, both written and verbal
- Good knowledge of USAID's Managing for Results methodology and M&E requirements
- Proficiency in Epi-Info and/or other data analysis programs
- Understanding and experience in Participatory Rural Appraisal (PRA) preferred.
- Fluency in English and proficiency in Spanish

Revised: November 19,1999

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ANNEX E

FUNDING PRIORITIZING TOOL

ANNEX F

RESOURCE DEVELOPMENT DEPARTMENT

COUNTRY DESCRIPTIONS

ANNEX G

SUB GRANT AGREEMENT

ANNEX H

PCI/INDIA

PERFORMANCE TRACKING DOCUMENTS

PROGRESS CHART OF PARTNER NGOS

#	INDICATORS/ NGOs	SHARAN		PRERANA		KARMMARG		CCDT		SOS		DMSC		SAMAR-ITANS		WIF		INP+		ASHA KIRANA		HEALTH-FIRST		VEEDU	
		B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P
1.	Broad based executive leadership.	Ep	Ep	M	M	N	Em	Ep	M	N	N	N	Ep	Ep	M	Ep	M	Em	Ep	Em	M	Em	Ep	N	Em
2.	Mission statement that promotes long term planning.	Ep	M	M	M	N	Em	Ep	M	Ep	Ep	Em	Ep	Ep	Ep	Ep	M	Em	Em	N	M	Em	M	N	Ep
3.	Management Information System to plan and carry out programs.	Em	M	Em	M	N	N	Em	M	Em	M	N	Em	Ep	M	Em	Ep & M	N	Em	N	Ep	M	M	N	M
4.	Strategic plans for 2 years and more.	M	Ep	M	Ep	N	N	Em	Ep	Em	Em	N	Em & Ep	M	Ep	M	Ep	N	N	N	N	Em	M	N	Em
5.	Admin and financial procedures documented and followed.	M	M	M	M	N	N	M	M	Em	M	N	Em	M	Em	Ep	Ep	N	Em	N	Em & Ep		M	N	Em
6.	Staff development plans in place.	Em	Ep	Ep	Ep & M	N	N	Ep	M	Em	Ep	N	Ep	Ep	Ep	Ep	Ep	N	N	Em	N	Em	Ep	Em	N
7.	Supervisory mechanisms in place and utilized.	Ep	M	M	M	N	N	M	M	Ep	Ep	Em	Ep	M	M	Ep	Ep	N	Em	Em	N	Ep	Ep	N	Em
8.	Well defined job descriptions and/or scopes of work for staff.	Ep	Ep	M	Ep & M	N	N	M	M	Em	Em	N	Em	Ep	M	M	Em & Ep	Em	Em	N	N	Ep	Ep	N	B
9.	External audit performed and recommendations followed up.	M	M	M	M	N	Em	M	M	Ep	M	N	M	M	M	M	M	N	Ep	N	M	Ep	M	N	M
10.	NGOs include key prog. staff in budget & process.	M	M	M	M	N	N	M	M	Em	Em	N	Ep	M	M	M	M	Em	Ep	N	N	Em	Ep	N	Ep
11.	Systematic and financial reporting.	M	M	M	M	N	Em	M	M	Ep	Ep	Em	M	M	M	M	M	N	Ep	N	Ep	Ep	M	N	M
12.	At least one agreement with other NGO.	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
13.	At least one agreement with Govt. sector.	Y	No	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
14.	At least one agreement with the pvt. sector	N	N	N	Y	N	N	N	N	Y	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N
15.	Diversified (public & pvt.) resource base.	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y
16.	Increased revenue base.		Y		Y		Y		Y		Y		Y		Y		Y		Y		Y		Y		Y
17.	Baseline information being used to develop and guide programs.	Ep	M	Ep	M	Ep	N	Ep	M	Ep	Ep	Ep	Ep	Ep	M	Ep	M	Em	Em	N	M	Em	M		Y

#	INDICATORS/ NGOs	SHARAN		PRERANA		KARMMARG		CCDT		SOS		DMSC		SAMAR-ITANS		WIF		INP+		ASHA KIRANA		HEALTH-FIRST		VEEDU	
		B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P
18.	No. of HIV/AIDS training received as part of NGO/CBI	*	3	*	4	*	3	*	4	*	3	*	5	*	5	*	5	*	4	*	4	*	4	*	5
19.	No. of HIV/AIDS training implemented as part of NGO/CBI	*	100	*	-	*	2	*	15	*	18	*	20	*	7	*	13	*	18	*	12	*	60	*	6
20.	No. of NGOs that developed or adapted IEC mediums for HIV/AIDS education and awareness,	*	Y	*	Y	*	N	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y
21.	No. of NGOs that distribute HIV/AIDS IEC mediums as part of NGO/CBI	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	Y	*	N	*	Y
22.	No. of NGOs established links with community networks for HIV/AIDS advocacy.	*	Y	*	Y	*	N	*	Y	*	Y	*	Y	*		*	Y	*	Y	*	N	*	Y	*	Y

B-Baseline
 P-Progress
 N- Nascent
 Em- Emerging
 Ep- Expanding
 M- Mature